RWJF *Retrospective Series*

Investing in People

Strategic Considerations Based on a Review of the Robert Wood Johnson Foundation's Individual Support Programs

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Preface

From Our President

This retrospective analysis of the Robert Wood Johnson Foundation's individual support portfolio examines our strategy for supporting individuals through fellowship, scholarship, or leadership programs. During its 42-year history RWJF has invested more than $1 billion in 27 of these programs, which are the subject of this Retrospective. Such initiatives have been signature investments of RWJF for as long as the Foundation has been in existence. The eminent and influential alumni of these programs are far too numerous to mention. We honor them and all those who contributed to the planning and execution that underlie this amazing record.

As stewards of the organization that fostered this portfolio, however, we need to reexamine the individual support strategy from time to time. We know much more today about the mix of tactics needed for building a field, creating social networks for professional growth, fostering the skills needed for different kinds of leadership, and the organizational changes that are needed to enable leadership.

Examining strategy is emphatically different from evaluating whether individual support programs achieve their goals. These 27 programs have had many useful evaluations over the years that highlighted their substantial achievements. The findings of these evaluations are summarized in our Program Results Reports at *www.rwjf.org*. As RWJF's focus shifts to building a Culture of Health, we will use many lessons from these worthy programs.

The mix of tactics and strategies the programs have employed over the Foundation's history now allow us to begin to answer the questions: "What kinds of investment are essential to reach our goals?" and "How much investment is enough?"

- What kind of investment will build a field? We know, for example, that when a new field of research is being built, fellowships by themselves are not sufficient. They need complementary investments that offer research opportunities and collaborations. We know a field is on its way to becoming recognized once it has its own journal space, conferences and meetings, terminology and principles that colleagues share, and when research support begins to come from other sources. At some point it is no longer necessary to support these complementary investments.

- What kind of investment is needed to foster leadership? If the goal is to increase the power of a certain group, such as nurses, then what is required? Prestige can follow a fellowship award, and skills can be fostered, but which skills, for what kind of leadership? If we seek leadership to foster organizational change, prestige and training are not always sufficient.
- How much investment will sustain a professional network? Such networks emerge over and over again, not only in the individual support portfolio, but across many kinds of grantmaking investments. Networks are not just a byproduct of funding. Instead, they are essential to leadership and field building. New information about the roles and functions of social networks leads us to believe that they can be sustained over time to increase the influence of the individual support investments.

Socrates said that the unexamined life is not worth living. For philanthropy, the unexamined strategy may not be worth much either. Every strategy needs review, renewal, and revision if investments are going to retain their freshness and relevance. So this report examines our individual support strategy and addresses the questions of how much and what kind of investments RWJF might employ in the future as we work across sectors to build a Culture of Health.

Risa Lavizzo-Mourey, MD, MBA
President and Chief Executive Officer

Section 1

Introduction

Foundations have long created programs to provide grants to individuals–most often in the form of fellowships, scholarships, and prizes. Several of these programs have become so prominent that they are now institutions in and of themselves. Consider just a few examples: the Pulitzer Prize, Fulbright Program, and MacArthur "genius" awards. Governments, as well as foundations large and small, fund individual support programs.

The basic belief in the importance and centrality of individuals—to create change, to innovate, to lead, and sometimes to be the backbone of new and emerging fields of endeavor—resides at the heart of the more ambitious intents underlying individual support grantmaking.

The Robert Wood Johnson Foundation has generously allowed the authors of this report to examine its portfolio of individual support programs to explore what the authors believe are some of the strategic fundamentals underlying this type of programming that could be applied to future individual support grantmaking. The purpose of this study is to inform those interested in individual support programs about not only some of the strategy considerations underlying this type of grantmaking but what these programs can be expected to achieve–and under what circumstances.

As such, this is not an evaluation, nor for that matter, a history of each of these programs. Although it is based on historical facts and patterns, this historical information allowed the authors to explore the potential role(s) that an individual support program could play in strategy going forward and the conditions that would allow it to do so effectively.

The authors want to remind the reader that many of these programs took place before "strategic philanthropy" existed as a conscious philanthropic approach and therefore, the authors see this work as constituting *a teaching case*, illustrating ways that individual support programs might contribute to strategy going forward. Based on facts presented in Section 2, the authors offer considerations for future individual support programs in Sections 3 and 4.

STRATEGY UNDERLYING FELLOWSHIPS AND SCHOLARSHIPS

Funders have a variety of aims for their scholarship and fellowship programs. Many have relatively simple and straightforward goals, such as to provide a good education to worthy individuals who can go on to be productive members of society. In other cases, and certainly for the most prominent individual support programs, funders' aims go well beyond affecting individuals; often, they expect to have an impact on a field, a community, or even the nation.

The basic belief in the importance and centrality of individuals–to create change, to innovate, to lead, and sometimes to be the backbone of new and emerging fields of endeavor–resides at the heart of the more ambitious intents underlying individual support grantmaking.

"When done well, leadership development, training, and professional education programs can help build the human capital in a field, cultivate new skills, and motivate people to continue working toward the missions that matter to them."

— Peter Frumpkin, *Strategic Giving*

As one scholar noted, a central appeal of this approach is to: "create an army of agents, ready both to change practice in the field and to lead efforts to change public policy… when done well, leadership development, training, and professional education programs can help build the human capital in a field, cultivate new skills, and motivate people to continue working toward the missions that matter to them."[1]

The most successful individual support programs are highly nuanced enterprises. They differ considerably in their use of strategy and mechanisms to motivate change; they seek to transform not just the individuals selected to receive support, but also others around them and the work in which they in turn engage. The context surrounding individual support programs greatly influences their impact.

The Pulitzer Prize in Journalism illustrates the complex ecology surrounding an award and a field. Each year, the Pulitzer's prestige motivates individual reporters, along with the editors and publishers at their newspapers, to pursue stories of exceptional depth and insight. The significance of the prize provides an important incentive for reporters, editors, and owners to invest in and produce work of high quality. Winning reporters receive acclaim and validation that raise their professional standing. Prize-winning newspapers stand a better chance of attracting and retaining the best journalists, improving their access to interviewees and the best stories, as well as attracting readership.

In a very different way, a fellowship program can legitimize a new or emergent field. The Project on Death in America's Palliative Care Fellowship program (funded by the Open Society Institute, a nonprofit foundation) is a case in point. Begun in 2002, the program supported fellows to produce research to lay the foundation for the emerging field of palliative medicine. The program offered sufficient support to attract individuals to, and sustain them in, a new and undervalued field of endeavor, and it raised attention within the field of medicine because of the prominence of its advisory board members.

At other times, a fellowship program quite literally develops an army of practitioners to populate a field with a new perspective or set of skills. Consider the Ford Foundation International Fellowships Program. In 2001 the Ford Foundation awarded the largest single grant in its history–$280 million over 10 years–to launch this program. Over the years that ensued, it supported more than 4,300 fellows from 22 countries, providing them with a graduate-level fellowship that emphasized access and equity in higher education for talented social justice leaders from marginalized communities worldwide. The fellows have not only advanced their own education, but they have brought new knowledge and skills to create meaningful social change in their home communities and countries.

While the philanthropic community has widely applied individual support programs as a way to address and influence field issues larger than the individuals themselves, there has been surprisingly little attention paid to understanding how these programs have worked to create desired outcomes. Little analysis exists about when the programs have been deployed successfully, in what types of circumstances, and the ways in which the support of a relatively limited set of individuals has translated into larger field-level effects.

ABOUT THIS STUDY

This study was commissioned by the Robert Wood Johnson Foundation as part of its *Retrospective Series.* Each report in the series examines the Foundation's investments, decisions, and actions related to an entire body of work. As compared to a grant-by-grant analysis, a retrospective study examines the "how" and "why" of the Foundation's grantmaking in a focus area as a whole, not the strategy or effectiveness of any particular program.

To date, the Foundation has conducted retrospective studies in four fields: end-of-life care, tobacco cessation, chronic care, and substance abuse.

This retrospective study differs from the others in an important way. Rather than focusing on a single substantive area, such as the Foundation's efforts to improve end-of-life care or decrease the use of tobacco, this analysis examines a grantmaking approach or tactic–individual support programs. The authors explore how the Foundation has applied the grantmaking strategy of funding individual support programs to address multiple human capital issues in support of numerous larger aims in a variety of fields.

Individual support programs have been a hallmark of the Robert Wood Johnson Foundation's grantmaking since its start as a national foundation in 1972. To date, the Foundation has invested more than $1.03 billion dollars in the 27 individual support programs described here to address a range of issues across multiple fields and disciplines. Each of the programs chosen to be included in this study selects individuals based on specific selection criteria, and provides them with a unique experience to expand their professional growth so that they can be instrumental agents toward a programmatic objective. Through the deployment of individual support programs, the Foundation has sought to address racial diversity within a field, the training and preparation of a field's practitioners, and gaps in knowledge that affect a field's relevance and effectiveness.

"The Foundation recently scanned the horizon of leaders in health and health care and discovered that 25 percent or more are 'graduates' of RWJF scholars, fellows, and leadership programs."

— Susan Dentzer in *Health Affairs* article

The Foundation considers several of these programs to be among its most successful. The programs "have fostered leaders like future surgeons general, heads of NIH [National Institutes of Health] institutes, deans of medical schools and nursing schools, and top-level policymakers throughout state and federal governments. … [The Foundation] recently scanned the horizon of leaders in health and health care and discovered that 25 percent or more are 'graduates' of RWJF scholars, fellows, and leadership programs."[2] One of its programs, the *Robert Wood Johnson Foundation Clinical Scholars* program, has often been considered as contributing significantly to enhancing the discipline of health services and policy research.

The authors applied a strategic lens to this work and examined the different ways in which the Foundation sought to affect change through the support of individuals. Although many of these programs were developed prior to the introduction and practice of strategic philanthropy, most of the Foundation's programs have implicit assumptions (as well as some that are explicit) about the ways in which the support of a relatively small number of individuals could lead to field-level effects that extend beyond the work of the individuals receiving support. This paper examines how the programs were applied to address a range of problems, in different environments and contexts.

With the advantage of hindsight and the evolution of strategic approaches to philanthropy, the authors explicate the oftentimes implicit logic underlying individual support programs, particularly as evidenced in actions. The authors reviewed each initiative to surface its core assumptions, structures, and design elements to better understand the underlying theories about how the program might affect change–in other words, the implicit strategy behind the program. As this is a retrospective study, we did not examine issues related to each program's implementation.

The elements include straightforward items such as goals and objectives, but also elements that required the authors to interpret and make deductions. For instance:

- The type of individuals selected into a program (including their credentials and aspirations) illustrates thinking about the characteristics of "who" can leverage change and in what ways.
- A program's sites, which were usually (but not exclusively) high-prestige institutions, reflect the Foundation's theory about the role of academia in social change.
- The size of a program and the number of participants tells a story about the thinking behind what it takes to achieve the outcomes envisioned and provides insight into the Foundation's perspective on the scale required to be effective.

Each element can be seen as translating into core assumptions about what it will take to reach the desired effect. (See *Appendix 1* for research methodology.)

The richness of the Foundation's investment in individual support programs allows the authors, in Section 3, to explore a range of factors involved in this type of grantmaking, including:

- The nature of the problems addressed
- The likely underlying theories about how individual support would lead to greater impact
- How context can affect a program's success
- The role that networks could play within and across programs
- Ways to think about understanding and assessing the success of individual support programs in the future

It is important to keep in mind that some of this work goes back to the early 1970s. Although the authors had extensive access to program documentation, they were unable to interview all the key program and Foundation staff involved. The authors also understand that they asked those interviewed to reflect back on decisions that were made a long time ago. The authors also recognize that the Foundation and its long-term programs have evolved considerably over the course of the last 40 years.

As the authors considered how to present this work, they put more weight on impressions that could be corroborated by more than one person, as well as by written materials. They also took care to see impressions as just that: perceptions about the Foundation's climate and culture of decision-making, based on an individual's personal recollections.

Section 2

The Evolution of Individual Support Grantmaking at RWJF

The Foundation's interest in supporting individuals is both longstanding and significant. In his first presidential address in 1972, David Rogers, MD, the Foundation's first president, established his vision for the development of leaders who could lend important expertise on the rapidly evolving system of health care. He surmised that "There is general agreement that policy choices about how we design our health future are more and more difficult, and that no sector–government, professional associations, and the public–is well equipped for this task. There is a recognized lack of facts, and of institutions or groups capable of tackling the analysis of difficult questions about how we should plan our health affairs."[3] He believed that "Innovations in the structure and content of clinical practice and education [would not occur] without the strong involvement of a cadre of physicians who–by virtue of their training and abilities–can command the respect and participation of physicians in both academic medical centers and in practice."[4]

The principal instrument for this work was the individual support approach. Over time, individual support programs were adapted and refined to address a range of issues across many of the Foundation's goal areas. In all, the Foundation created 27 programs that have funded the education and research of nearly 5,000 fellows and scholars. Individual support programs have become a signature grantmaking strategy at the Foundation and represent its deeply held perspective about the importance of individuals in leading change, thought, institutions, and fields. From 1972 through 2013, one of every 10 dollars awarded by the Foundation went to one of these 27 individual support programs.

Common to all of this work was the basic premise that expertise and leadership could influence the myriad important decisions fundamental to the promotion of health and health care in the United States. This belief became the basis for what is now one of the largest investments in human capital made by any major foundation in this county.

The Foundation's First Individual Support Program: Robert Wood Johnson Foundation Clinical Scholars

The *Robert Wood Johnson Foundation Clinical Scholars* program is important for several reasons: not only was it the Foundation's first program, it is widely considered to be one of its most successful, and as such it has influenced the design of many of the individual support programs that have followed.

When *RWJF Clinical Scholars* originated, the American health care system was in a period of rapid change. The Medicare and Medicaid programs were newly enacted, and Congress was debating proposals for a national health insurance program. New medical technology and specialties were taking hold; quality of care and access to primary care varied; and health care costs were rising. These changes led to an increasingly complex health care environment.[5]

There were no fellowship programs to prepare physicians with the necessary knowledge and skills in population health, epidemiology, research methods, economics, and health policy—all areas that would be important as the health care system continued to evolve

At the time, most medical research focused on understanding and managing disease, and the field of health services research had not yet emerged. Physicians interested in broad issues related to the organization, financing, and management of health care systems had few options for training. Graduate programs in public health were available, but there were no fellowship programs to prepare physicians with the necessary knowledge and skills in population health, epidemiology, research methods, economics, and health policy–all areas that would be important as the health care system continued to evolve.[6]

While attending a conference in the late 1960s, five respected professors of medicine met with Margaret Mahoney, a program officer at the Carnegie Corporation of New York at the time, to share their views about the need to train physicians in what would come to be known as health services research.[7] As a result of their discussion, the Carnegie Corporation and The Commonwealth Fund, a private philanthropy located in New York City, joined together to sponsor a three-year pilot program developed by the professors. The program would prepare physicians from internal medicine for research and leadership roles in the health care system. Its goals were to train scholars in health services and health policy research, as well as to develop health services research as a serious new discipline in academic medicine.[8]

As the pilot program was ending in 1972, Mahoney and her colleague, Terrance Keenan, from The Commonwealth Fund, joined the staff of the new Robert Wood Johnson Foundation. RWJF readily adopted the program, which became the Foundation's first national initiative.

Then, as it has done throughout its life, *RWJF Clinical Scholars* offered young physicians two years of post-residency training at selected university medical schools. While the specifics varied by site, all participating universities offered:

- Interdisciplinary faculty drawn from several departments
- Coursework in health care research and health policy, epidemiology, economics, and related fields
- Guidance in undertaking applied research projects
- Mentoring, leadership training, and networking opportunities

The Foundation expected graduates of the program to serve in leadership roles in health care, including as academic faculty who would train the next generation of students aspiring to careers in health services research, and as advisers to policymakers and administrators in the design of improved health care systems. (See *Appendix 2* for a detailed program description.)

As of 2012, 179 Clinical Scholars had become full professors, 140 were department chairs, more than 100 were vice chairs and division chiefs, and seven were deans of schools of public health or medical schools.

Within a short period of time, the program produced a sizable cohort of Scholars. At its peak in 1976–1977, 128 Scholars at 11 sites were participating in the program.[9] As was hoped, many graduates went on to assume prominent positions–as medical school faculty; as directors of federal, state, and local agencies charged with improving the health of the public; and as executives for hospitals and other health care organizations. Scholars have led pioneering studies on health care access, utilization, and financing that influenced health policy and clinical practice guidelines.[10] As of 2012, 179 Clinical Scholars had become full professors, 140 were department chairs, more than 100 were vice chairs and division chiefs, and seven were deans of schools of public health or medical schools.[11]

The Clinical Scholars program has long been recognized as making an important contribution toward building the field of health services research. A 1992 evaluation concluded that the program was a "tremendous success" in terms of its design, timing, and influence. The program helped to accelerate the careers of many of its graduates, encourage academic medical institutions across the United States to offer training in health services research, and contribute to legitimizing health services research as a credible academic discipline.[12] As Gary Gottlieb, MD, MBA, president and CEO of Partners HealthCare, Boston, and a former Clinical Scholar said: "The first 25 years of the program are responsible for the legitimacy of health services research and health policy research as major disciplines in the country. The program and its investments have created a national base of physician leadership in academic medicine and in health care delivery."[13]

In addition to the direct impact on Scholars, the program influenced the growth of health services research within academia. Particularly at the program's outset, medical schools were eager to participate. During the first national competition for Clinical Scholars training sites, 70 institutions submitted letters of intent for just seven slots. Participating sites reported that the *RWJF Clinical Scholars* program changed "the intellectual climate of their institutions for the better, and had led to increased health services research."[14] In a 1992 report, evaluators concluded that the program had "elevated the status of clinician-scholars concerned with issues of health care that go beyond the usual and well accepted biological and clinical concerns that are an integral part of medicine." Some sites were so positive about *RWJF Clinical Scholars* "that they would continue to support [the program] even if faculty support funds were reduced."[15] Now, 40 years after the program began, many medical schools have health services research programs.

As further evidence of the diffusion of the program's influence, *RWJF Clinical Scholars* was an influence in the decision of several other organizations to offer similar training opportunities. The National Research Service Awards, Veterans Administration National Quality Scholars Fellowship Program, and career development awards from the NIH and Agency for Healthcare Research and Quality are programs that closely parallel *RWJF Clinical Scholars*.[16]

By influencing academia and arming Scholars with new research and leadership skills, the program brought credibility to the field of health services research and helped spur the creation of a "national infrastructure for health policy and health services research."[17] Perhaps most notably, the Agency for Health Care Policy and Research (now called the Agency for Healthcare Research and Quality) was established in 1989 and is a primary federal funder for health services research. John Eisenberg, MD, a former Clinical Scholar, became head of the agency several years after its founding.

After *RWJF Clinical Scholars*' rapid expansion in the early years, RWJF staff scaled it back due to concerns about cohesion and because similar programs were now competing for the same pool of candidates. In 1979 the program was cut back to six sites with 20 Scholars annually. In 2005, the number of sites was reduced to four and in recent years, the number of Clinical Scholars across these four sites has varied from 10 to 16.

The Foundation's Portfolio of Individual Support Grants

Over its first 40 years, the Foundation funded an additional 26 individual support programs. The Foundation's strong belief in the importance of knowledge and research to inform decision-making and policy has guided much of its grantmaking. As one interviewee put it, "the 'M.O.' of the Foundation tends to emphasize knowledge generation as the way to make change happen." This belief is represented strongly in the portfolio of individual support programs.

Many programs are designed with a focus on research. Although these programs have different aims, they tend to be administered in university or academic medicine settings, and the majority of the scholars and fellows are already in academia or are entering academic careers. They require participants to undertake a research project–as a way to help scholars progress in their academic careers as well as to deepen the knowledge base for the discipline or to contribute to policy development.

A smaller group of five individual support programs targeted practitioners who are not involved in academia[18] or research. These programs seek to advance and support individuals in their professional roles in organizations or their field.

Individual Support Programs by Presidential Tenure

The Foundation's first president, David Rogers, MD, oversaw the creation of nine individual support programs including *RWJF Clinical Scholars*. These programs targeted the traditional health care professions of medicine, nursing, and dentistry; and all were based in academic settings. They sought to improve the quality of teaching and training of health care professionals or to expand a field's capacity to encompass an important new perspective, as in the case of *RWJF Clinical Scholars*. (See Figures 1 and 2 for program descriptions and timelines.)

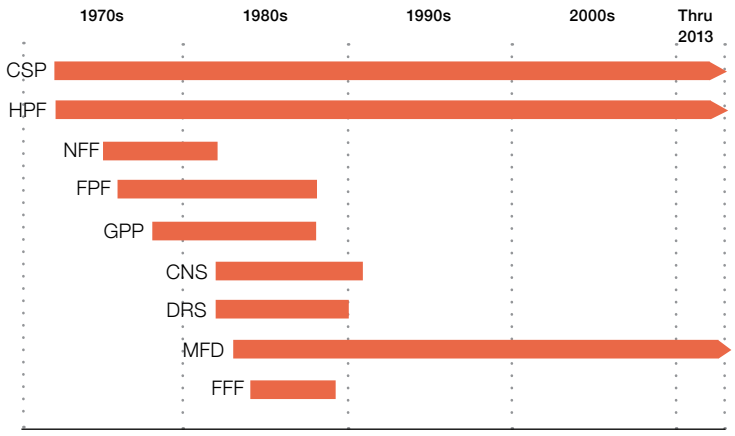
Figure 1

Individual Support Programs Created During Rogers' Tenure as President

ID	Program Name	Description
CSP	**Robert Wood Johnson Foundation Clinical Scholars**	To augment clinical training of physicians by providing new skills and perspectives necessary to achieving leadership positions within and outside academia
HPF	**Robert Wood Johnson Foundation Health Policy Fellows**	To allow midcareer health professionals and behavioral and social scientists to participate in a one-year residency in Washington, working for Congress on health policy issues
NFF	**Nurse Faculty Fellowship Program**	Program to prepare faculty for careers as teacher practitioners in clinical primary care
FPF	**Family Practice Faculty Fellowships Program**	Program for physicians who wished to pursue a full-time academic career in family medicine
GPP	**General Pediatric Academic Development Program**	Program to provide support to academic medical centers for the purpose of strengthening and expanding their programs in general pediatrics
CNS	**Clinical Nurse Scholars Program**	A two-year, post-doctoral fellowship to prepare a cadre of nurse faculty for leadership in the care of hospital patients with serious illness and injuries
DRS	**Dental Services Research Scholars Program**	Program to enable dental faculty committed to academic careers to acquire research skills to study the financing, organization, and delivery of dental health services in the United States
MFD	**Harold Amos Medical Faculty Development Program**	To provide four-year awards for postdoctoral research to physicians from historically disadvantaged backgrounds who are committed to developing careers in academic medicine, improving the health of underserved populations, and furthering understanding and elimination of health disparities
FFF	**Faculty Fellowships in Health Care Finance**	Program to permit selected university faculty to enhance their research ability and expertise in the area of health care finance

Figure 2

Timeline of Individual Support Programs Created During Rogers' Tenure as President



During Schroeder's tenure the Foundation funded its first individual support programs outside of academia that targeted practitioners, such as executive nurses and nonprofit leaders.

After David Rogers retired in 1986, Leighton Cluff, MD, the Foundation's executive vice president, became president for the next four years. While Cluff did not initiate any individual support programs, his tenure brought greater recognition of how the many health problems of interest to the Foundation were closely linked with social problems.[19] Although the Foundation's aim was to improve both the health and health care for all Americans, under Rogers, health care was the dominant, almost singular, focus. Under Cluff, the Foundation turned more of its attention to the health side of its mission.

During the presidency of Steven Schroeder, MD (July 1990 through December 2002), Foundation assets and grant dollars awarded grew, as did the focus on health. In the early 1990s, many anticipated growth in managed care and President Clinton's health care reform proposal was on the national agenda. At the Foundation, major concerns about the health of the population took prominence. Nine new individual support programs were created reflecting these broader health concerns, including programs directed toward public health, substance abuse, and community-based health care. During Schroeder's tenure the Foundation funded its first individual support programs outside of academia that targeted practitioners, such as executive nurses and nonprofit leaders. (See Figures 3 and 4 for program descriptions and timelines.)

Figure 3

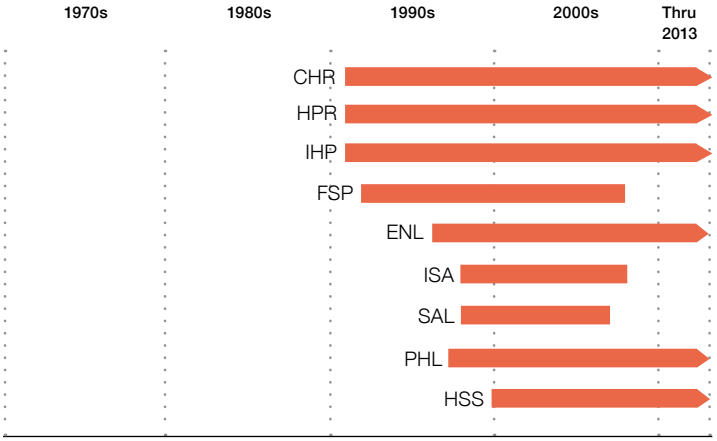
Individual Support Programs Created During Schroeder's Tenure as President

ID	Program Name	Description
CHR	**Robert Wood Johnson Foundation Community Health Leaders**	To provide recognition for the contributions community health leaders make to achieving RWJF's mission and goals, and to enhance their capacity to have more permanent and widespread impact on health problems
HPR	**Robert Wood Johnson Foundation Scholars in Health Policy Research**	To help develop a new generation of creative thinkers in health policy research within the disciplines of economics, political science, and sociology
IHP	**Robert Wood Johnson Foundation Investigator Awards in Health Policy Research**	To encourage researchers whose crosscutting and innovative ideas promise to contribute meaningfully to improving U.S. health and health care policy
FSP	**Generalist Physician Faculty Scholars Program**	To strengthen the presence of generalist physician faculty in the nation's medical schools through career development awards to outstanding junior faculty in medical school departments/divisions of family medicine, general internal medicine, and general pediatrics
ENL	**Robert Wood Johnson Foundation Executive Nurse Fellows**	To provide advanced leadership opportunities for nurses in senior executive roles in health services, public health, and nursing education who aspire to lead and shape the U.S. health care system of the future
ISA	**Innovators Combating Substance Abuse**	To highlight substance abuse as a leading health problem by recognizing those who are striving to bring creative solutions to the field

ID	Program Name	Description
SAL	**Developing Leadership in Reducing Substance Abuse**	To provide leadership development through mentoring for individuals who are early in their careers yet have shown the potential to become future leaders in reducing the harm caused by substance abuse through public health approaches
PHL	**State Health Leadership Initiative**	To accelerate the development of the leadership capacity of state and territorial health officers as policymakers, administrators, and advocates for the health of the public
HSS	**Robert Wood Johnson Foundation Health & Society Scholars**	To build the field of population health by training Scholars to investigate the connections among biological, behavioral, environmental, economic, and social determinants of health; and develop policies to improve population health

Figure 4

Timeline of Individual Support Programs Created During Schroeder's Tenure as President



In January 2003, after serving as senior vice president for health care, Risa Lavizzo-Mourey, MD, MBA, became the next president of the Foundation. As part of a larger reorganization of the Foundation, she established the Human Capital team to manage most of the individual support programs. As one staff member described it, the creation of the Human Capital team "formaliz[ed] the Foundation's work in human capital development as an overall portfolio approach to grantmaking." To date (December 2014), nine new individual support programs have been developed under Lavizzo-Mourey's presidency, addressing public health, nursing, diversity, and the study of health disparities, among other issues. (See Figures 5 and 6 for program descriptions and timelines.)

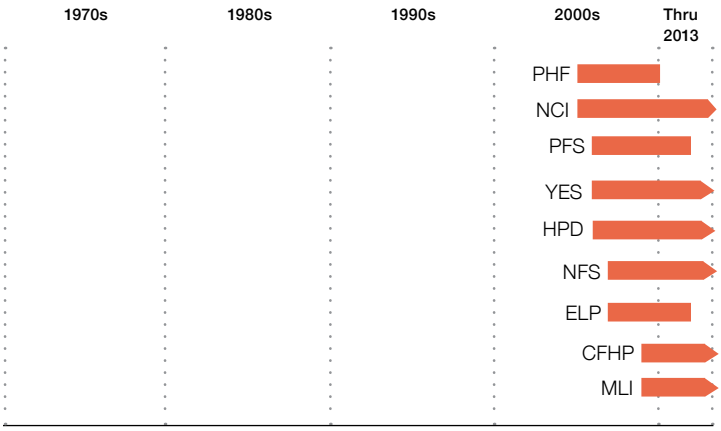
Figure 5

Individual Support Programs Created During Lavizzo-Mourey's Tenure as President

ID	Program Name	Description
PHF	**Public Health Informatics Fellows Training Program**	To use fellowship training in public health informatics as a strategy to catalyze the development of the field and create a sustainable pipeline of future leaders in public health informatics
NCI	**New Connections: Increasing Diversity of RWJF Programming**	To bring new perspectives to RWJF grantmaking by supporting researchers from historically disadvantaged and underrepresented communities to conduct secondary analyses on existing datasets and to help RWJF address specific research questions
PFS	**Robert Wood Johnson Foundation Physician Faculty Scholars**	To strengthen the leadership and academic productivity of junior medical school faculty who are dedicated to improving health and health care
YES	**Young Epidemiology Scholars Program**	To attract the best and the brightest high-school students to become the public health leaders of the future
HPD	**Health Policy Partnerships in Diversity**	To increase the diversity of those with formal training in the fields of economics, political science, and sociology who engage in health services and health policy research
NFS	**Robert Wood Johnson Foundation Nurse Faculty Scholars**	To increase the stature and academic standing of nursing faculty and draw more nurses to teaching careers by creating a cadre of national leaders in academic nursing through career development awards to outstanding junior nursing faculty
ELP	**Ladder to Leadership: Developing the Next Generation of Community Health Leaders**	To develop a cadre of future health leaders from community-based nonprofit organizations serving vulnerable people
CFHP	**Robert Wood Johnson Foundation Center for Health Policy at Meharry**	To increase the number and diversity of PhD graduates with formal training in the fields of sociology and economics who engage in health services and health policy research
MLI	**Medicaid Leadership Institute**	To develop a leadership program for Medicaid directors designed to cultivate the skills necessary to resolve health care challenges facing states and the nation

Figure 6

Timeline of Individual Support Programs Created During Lavizzo-Mourey's Tenure as President

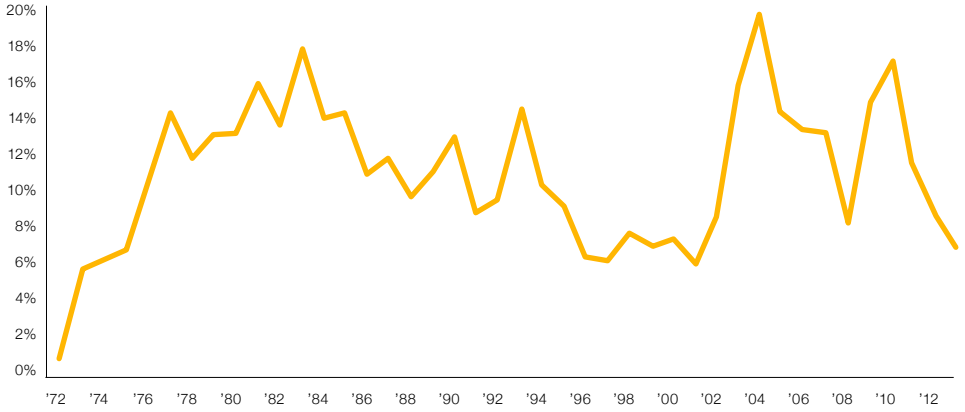


Size of Investment in Individual Support Programs

The Foundation's investment in individual support programs is significant, totaling more than $1.03 billion since 1972. This level of support represents 10 percent of all Foundation investments to date, with a peak investment of 20 percent of overall Foundation grantmaking in 2004 (see Figure 7).

FIGURE 7

Individual Support Grants as a Percentage of Overall Grantmaking



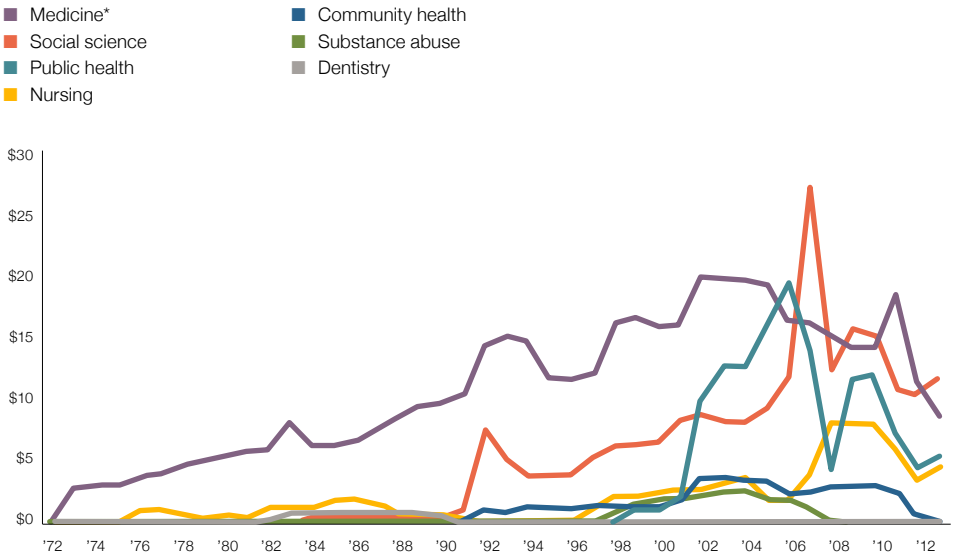
Investments by Profession

Even with this diversification, the Foundation's investment in medicine accounts for almost half of the portfolio in terms of the amount invested.

As shown in Figure 8, the Foundation's early individual support portfolio focused exclusively on the traditional health care fields of medicine, nursing, and dentistry. Over time, individual support grantmaking expanded to incorporate other health-related fields and professions that affect the health of Americans. Even with this diversification, the Foundation's investment in medicine accounts for almost half of the portfolio (Figure 9) in terms of the amount invested. Three factors account for this. First, medicine has been a primary focus of the Foundation since its beginning. Second, the longest-running program, the *RWJF Clinical Scholars* program, represents 44 percent of the total investment in medicine. And third, the cost of individual support programs tends to be higher for medicine than for other disciplines.

FIGURE 8

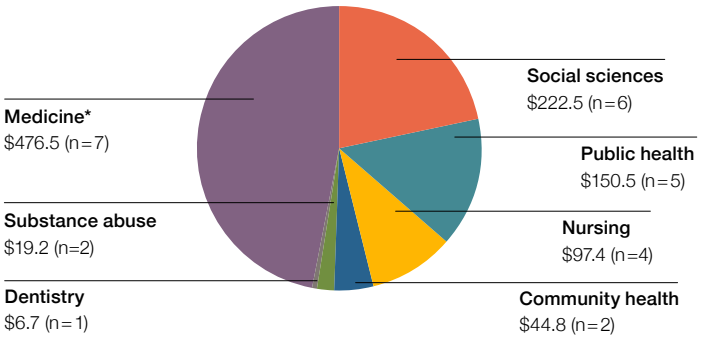
Individual Support Investments by Profession Over Time ($Mn)



*Includes Health Policy Fellows. This program is now open to all health care professionals, but the vast majority of participants have been physicians.

FIGURE 9

Individual Support Investments by Profession ($Mn)



*Includes Health Policy Fellows. This program is now open to all health care professionals, but the vast majority of participants have been physicians.

Program Design

The Foundation's individual support programs share common elements reflecting key design and strategy decisions. Most individual support programs share the following features:

- **National Program Office.** For the most part, the Foundation uses a national program office to administer individual support programs on its behalf. From its start, the Foundation adopted a lean organizational structure, with a relatively small staff. Rather than run national programs in-house, the Foundation identified and funded outside organizations, often academic medical centers or universities, to set up and manage national programs. The national program office model was designed both to keep Foundation overhead low and to involve prestigious leaders in the field.[20] Typically, each national program office has a director with noted expertise in the program's area of focus, as well as a small staff to help promote the program, recruit participants, organize annual meetings, and provide oversight and technical assistance to grantees, as well as collaborate with a national advisory committee.

  In some cases, the Foundation has opted to manage individual support programs in-house, using a program officer to provide oversight. This arrangement allows Foundation staff to maintain close contact with the program and develop stronger relationships with the field. The arrangement has also been used during periods of transition–for example, when program officers or national program directors were changing. For example, Foundation staff managed the *RWJF Community Health Leaders* program for close to two years, in part to build connections between Foundation staff and the award winners. Also, the Foundation managed the *RWJF Health & Society Scholars* program in-house for the first several years; eventually, the program grew to a point where the Foundation needed an external national program office to dedicate the time needed to promote the field of population health more broadly than what Foundation staff could do.

- **National Advisory Committee.** All individual support programs have a national advisory committee appointed by the Foundation. The members are highly respected, often high-profile leaders in the program's field of interest. Their primary role is to review applications for scholars or training sites; take part in annual meetings; make site visits; assist scholars with networking and mentoring; and advise the Foundation on program design and monitoring. As one illustration, the *RWJF Scholars in Health Policy Research* national advisory committee has 12 to 14 members, including distinguished sociologists, political scientists, and economists with considerable experience in conducting research in health services research or studies in related fields. These committee members advise and support national program office staff on outreach, recruitment, eligibility criteria, and other program policy issues; participate in site visits along with RWJF and national program office staff; and provide advice and guidance to Scholars. (The program is scheduled to end in 2017. With the final cohort of Scholars already selected, many of these duties have been completed.) Some committee members have been editors of health journals and provided special, intensive manuscript assistance to Scholars. Others have co-authored journal articles or book chapters with Scholars.[21]

The "best and the brightest" scholars and fellows are intended to bring immediate prestige to a national program and by extension to its field.

- **Targeting Top-Tier Candidates.** Typically, individual support programs provide assistance to candidates who are the most distinguished among those eligible for funding. The "best and the brightest" scholars and fellows are intended to bring immediate prestige to a national program and by extension to its field. And over the long term, Foundation staff believed that individuals selected for their excellence would have the best chance of becoming leaders who would make a significant impact in their fields. As one national program director explained, "We pick the scholars for their promise and their talent"; "recruiting and selecting … talented scholars make[s] the best use of program resources." Recruitment materials emphasize identifying individuals who are "highly regarded," "excel in their education," have a "demonstrated interest in improving health or the health care system," and exhibit "leadership capabilities, including setting high personal goals and motivating others." A few examples include:
  - *Robert Wood Johnson Foundation Health Policy Fellows* program chooses "exceptional mid-career health professionals and behavioral and social scientists." (See the 2014–2015 call for applications *website* for the program.)
  - *Robert Wood Johnson Foundation Scholars in Health Policy Research* program was targeted to "outstanding new PhDs in economics, political science, and sociology." (See the program website at *http://healthpolicyscholars.org/*.)
  - *Robert Wood Johnson Foundation Executive Nurse Fellows* program was open to "registered nurses who hold senior leadership positions," and have "potential to achieve higher levels of leadership effectiveness" as well as "vision, passion, and capability to make a substantial impact on health and health care" and "insight, courage, and evidence of a commitment to lifelong growth and development." (See the 2013 call for applications *website* for the program.)
- **Research or Practicum Experience as Part of the Fellowship.** Almost every individual support program requires fellows or scholars to pursue a research project or practicum. Initiatives that focus on academic preparation or academic career advancement give significant attention to research. The experience of conducting a study is intended to build skills and increase a fellow's attractiveness for hire or promotion in academia, where a track record of research, publication, and eventually successful grant-seeking is key to advancement. Furthermore, the research produced during fellowships is meant to contribute to the knowledge base and credibility of emerging fields.

  Programs outside of academia generally incorporate a practicum experience or a project designed to strengthen the fellow's home organization or community. For example, the *RWJF Executive Nurse Fellows* lead action-learning projects as part of their fellowship experience, while *RWJF Community Health Leaders* pursue projects to advance work within their grassroots community organizations.

"The greatest contribution the Foundation makes at the individual support level is that they aren't supporting one individual in isolation, but rather groups that can develop a network, a cadre of people who have common experiences or interests."
— A national program director

- **Mentoring and Networking.** Mentoring and networking of fellows is an important component of many programs and has received increased attention in recent years. As one national program director reported: "The greatest contribution the Foundation makes at the individual support level is that they aren't supporting one individual in isolation, but rather groups that can develop a network, a cadre of people who have common experiences or interests." Programs have annual meetings and most encourage a broader set of networking

opportunities. Some programs provide multiple meeting opportunities between their own participants and those of other RWJF programs.

Site-based programs tend to place a heavy emphasis on the value of designing cohorts with the right mix of skills and interests, as well as promoting relationships among scholars. As one program director commented, "What really matters in the training we provide is the engagement in a network–becoming part of a cohort of young people trained by this program who are working together to influence the future of population health in this country." As an example, the *RWJF Scholars in Health Policy Research* program pays careful attention to building cohesion among cohorts. For each site, the program intentionally selects Scholars from three different social science disciplines who, it is hoped, would collaborate and enrich one another's work. The program's annual meeting brings together Scholars from three cohorts–those completing their first year, those completing their second year, and those about to enter the program–so that they can exchange knowledge and develop a sense of community that they can carry with them into the field.[22] Additionally, the *RWJF Scholars in Health Policy Research* and *RWJF Health & Society Scholars* programs sponsor forums where participants from the two initiatives can network, share, get feedback on their research, and develop research partnerships.

Not surprisingly, given the diversity among the programs, the nature and purpose of networking differs among program types:

- In academic programs, networks serve to link scholars and expose them to different disciplines, methodologies, and perspectives and encourage efforts to keep scholars connected to each other over time. Several programs foster joint research efforts and other ways of capitalizing on scholars' connections to each other after program completion.
- In programs promoting diversity in a given field or profession, networks are designed to foster more association and less isolation as well as to provide advice and encouragement to help participants advance in their careers. Networks also serve to link mentors to the next generation of scholars.
- In programs targeting recognized leaders and working professionals, networks provide political connections and peer-to-peer assistance to tackle dilemmas on the job. Senior mentors advise on job and role functions, organizational issues, and larger concerns in their fields.

An important variation in the design of these programs is whether programs support sites where the fellowship experience takes place.

Programs fall along a continuum in terms of the intensity of the mentoring offered. In most cases, program directors and national advisory committee members serve as mentors to participants. In the *Harold Amos Medical Faculty Development Program*, which provides four-year awards for postdoctoral research to physicians from historically disadvantaged backgrounds, mentoring is a central component. When candidates apply, they must propose a mentor who has experience in the supervision of trainees and is committed to working with the fellow. Usually this individual is a senior faculty member at the candidate's institution. Responsibilities of the mentor include serving as a role model, guide, and counselor; as well as providing support to

relieve isolation; and reporting back to the Foundation each year on the progress of the Amos fellow. Also, national advisory committee mentors monitor and advise fellows on their research. After finishing the program, alumni at times become mentors to new entrants.[23]

- **Leadership Skill Development.** Virtually every individual support program addresses leadership in some way but the strategies employed differ considerably between academic programs and those involving working professionals. In academia, leadership development concentrates on equipping participants to be successful in their educational enterprise. Programs supporting working professionals emphasize building the skills that they need to lead in their current organizations, as well as preparing them for future leadership roles. In recent years, the concept of promoting leadership skill development has become more a more prominent emphasis across the full set of programs.
- **Training Locations.** An important variation in the design of these programs is whether programs support sites where the fellowship experience takes place. Robert Wood Johnson Foundation individual support programs have employed three models:
  - *Site-based programs*—where participants receive additional academic training or undertake post-graduate work at a designated central site. Scholars in these programs leave their home institutions for the duration of the fellowship in order to pursue post-graduate work and often an advanced degree. In some cases, fellows are expected to return to their home institution once the fellowship ends. As one RWJF staff member said, "We bring people into a place, we train them for a number of years and then release them into the world." The Clinical Scholars program is a prime example of the site-based training model: participants spend two years at one of the program's sites where they engage in coursework and research.
  - *Non-site-based programs*—where participants stay at their home institutions and pursue self-directed projects based in their work. These programs are designed to help participants advance in their careers and/or increase leadership skills; they allow scholars to participate in program activities while remaining at their home organizations. As an RWJF staff member explained, the programs provide participants with skills "in situ" and "help them enhance their careers where they are." Programs bring participants together for meetings, retreats, or symposia for group learning and interchange at least annually, and in some programs, three or four times a year. An example of this type of program is the Executive Nurse Fellows program, which offers participants a three-year fellowship, with leadership skills assessment, executive coaching, and mentoring from the program; participants remain at home and conduct an action-learning project there. The national program office convenes the Fellows three times a year to network and attend group seminars.
  - *Hybrid model*—where participants receive three to four months of training at a single common site, followed by immersion in a practicum experience, which may be away from their home institution. An example of this type of program is Health Policy Fellows, where participants gather in Washington for a three-month intensive orientation to the policy process and then spend nine months working in a congressional or executive branch office.

Program Cost

To provide a framework for comparing program costs within the portfolio, the authors' analysis focuses on unit costs: that is, what does it cost to produce a graduate? The authors fully recognize that many programs support a range of activities beyond recruiting and training participants (e.g., building more conducive climates at program sites to improve participant training, or other efforts to build a field). Nonetheless, these costs would not occur in the absence of the scholars. Therefore, all costs are built into the equation.

To calculate scholar cost the authors included all of a program's grant amounts (adjusted for inflation) and divided that number by the number of individuals who completed the program or who started the program during the last grant awarded. (Note: For the most part, costs were calculated on grant awards through 2013. A constraint that the authors put on this analysis was to only include grant dollars where participants had been selected. For instance we did not include an award made in late 2012 because participants had not yet been identified. This was the case for three programs. In these cases we used the amounts from the start through the most recent grant award with identified participants. In a few cases, the awards made through 2013 were insufficient to fund current participants through all the years of the program. In these cases, Foundation staff estimated the amount of resources required to do so and these were included in the calculations.)

The average cost per scholar in this portfolio was $405,000, however, scholar cost varies greatly: from just over $18,000 per scholar to more than $1 million per scholar. This does not include the *Young Epidemiology Scholars Program*, which provided undergraduate college scholarships to high-school students.

The site-based, academic programs are significantly more expensive on average ($565,000) than the non-site-based programs ($294,000) or the hybrid model ($240,000), although there is overlap among them (i.e., the most expensive non-site programs are more expensive than the least costly site-based ones). Costs seem to be driven by:

- *Investment in enhancing site capacity to deliver the program or in promoting field change:* This captures the three most expensive programs.
- *Duration of individual participation:* Individuals in site-based programs participate in the program for at least two years. Two of the most expensive programs support participants for five years. The hybrid model and most non-site-based programs support individuals for one year.
- *Program duration:* Programs in operation for longer periods of time have more opportunities to spread start-up costs over a larger number of cohorts. Two of the most expensive programs started recently, and thus have had less time to spread start-up costs in this manner.
- *Cohort size:* Programs with smaller cohorts, and/or smaller cohorts within each site, tend to be more expensive than those with more participants.

INDIVIDUAL SUPPORT PROGRAM SYNOPSES

The following are synopses of the individual support programs included in this retrospective, organized by start date. More detailed program descriptions, organized alphabetically, can be found in *Appendix 2*.

1. ***Robert Wood Johnson Foundation Clinical Scholars*** (November 1972 through December 2017) is the Foundation's longest-running program. It provides post-doctoral training for young physicians in health services and health policy research. Initially, the program aimed to develop health services research as a new field of study and for graduates to serve in key leadership roles, including as academic faculty who conduct important research that can guide policymakers. Due to its long history and large cohorts in the early years, this program has achieved the greatest scale in terms of number of scholars (more than 1,175). More recently, the program has operated at a much smaller scale supporting between 10 and 16 Clinical Scholars across four sites. Since 1978, the U.S. Department of Veterans Affairs has collaborated in the program, providing substantial financial and in-kind research support. For more information, read the Program Results Report *online*.

2. ***Robert Wood Johnson Foundation Health Policy Fellows*** (December 1972–ongoing) initially sought to strengthen the ability of academic medical centers to provide advice on health policy issues. Originally, the program selected academic health center faculty who would return to their home institutions where they were to increase their institution's involvement in health policy research and policy debates. Over time, the program expanded to accept all health care professionals including those with behavioral science and social science backgrounds. Eligible applicants include people who have earned an advanced degree in one of the following disciplines: medicine, allied health professions, biomedical sciences, dentistry, economics or other social sciences, health services organization and administration, medicine, nutrition, nursing, public health, and social and behavioral health. A track was added that did not require Fellows to return to their home organization. Fellows spend a few months being trained in Washington and then work in congressional or executive branch offices for nine months or longer to gain insight into federal policymaking. The scale of this program has always been small: six to 10 fellows are selected each year. For more information, read the Program Results Report *online*.

3. ***Nurse Faculty Fellowship Program*** (November 1975 through mid-July 1982) was created at a time when nurses were beginning to assume a larger role in the delivery of primary care, yet nursing schools lacked faculty with the skills and credentials to educate students in this area of clinical care. The program provided academic nurse faculty with training to teach primary care, and prepared them to help establish a master's degree program at their academic institution. Participants received a one-year fellowship and training at one of four university medical centers. Altogether, 66 Fellows completed the program.

4. ***Family Practice Faculty Fellowships Program*** (January 1976 through June 1988) responded to concerns about the quality of training for family physicians. The program aimed to train a small core of highly respected faculty who could help to establish a stronger academic base for family medicine. It awarded two-year fellowships to junior faculty who were trained at one of five academic medical centers; the sites provided research, education, and clinical skills development experiences. All told, 102 Fellows were trained.

5. ***General Pediatric Academic Development Program*** (June 1978 through December 1988) awarded two-year fellowships to prepare pediatric faculty to conduct research on common childhood illnesses not covered in traditional medical school curricula. Fellows took research-oriented courses and conducted research projects at six academic health center sites. Fellows were expected to build careers in general pediatrics, producing research to improve children's health. Another goal was to strengthen the capacity of university departments of pediatrics to train future faculty and develop new models of outpatient general pediatrics. Some 100 fellows participated in the program.
6. ***Clinical Nurse Scholars Program*** (April 1982 through July 1991) was launched as nursing education was shifting away from hospitals and into colleges and universities. The Foundation recognized that nursing students needed more hospital experience before they were ready to handle the realities of clinical practice. Three academic health center sites provided nurse faculty with a two-year experience to enhance their technical care skills, and increase their understanding of nursing and hospital management. Clinical Nurse Scholars were expected to return to their home institutions and develop programs to better prepare entry-level nurses and faculty. In all, the program produced 62 graduates.
7. ***Dental Services Research Scholars Program*** (August 1982 through August 1990) sought to establish the disciplines of health services research and policy studies as a part of dental scholarship. The goal was to exert leadership in developing the knowledge and the talent needed to address structural changes in dental practice. At two university health science center sites, junior faculty received two-year postdoctoral scholarships to study research methods, as well as the organization and financing of dental health services. Scholars also conducted research. Some 30 individuals completed the program.
8. ***Harold Amos Medical Faculty Development Program*** (February 1983–ongoing) was created to address the underrepresentation of minority physicians in medical school faculty. In 2003, its mission was broadened to include "physicians from historically disadvantaged backgrounds," which was defined as disadvantage due to socioeconomic and educational factors as well as race and ethnicity. The program provides four years of financial support and mentoring to young physicians (in later years, dentists as well) from historically disadvantaged backgrounds to strengthen their chances of success in pursuing faculty positions at academic health centers. The fellowship takes place at each participant's home institution, either a medical or dental school. Fellows have a formal on-site mentor who acts as an advocate, advises on research, inspires career choices, and lays out avenues for upward mobility. In 2006, as part of a minority recruitment initiative, the American Society of Hematology (ASH) began partnering with the program. Each year ASH funds at least one additional slot, which is reserved for a hematologist from an historically disadvantaged background who is committed to research. As of 2013, 259 fellows had completed the program. For more information, read the Program Results Report *online*.
9. ***Faculty Fellowships in Health Care Finance*** (January 1984 through February 1994) began when managed care and new Medicare hospital payment systems were transforming health care financing. Foundation staff believed that health care finance was an increasingly important sub-discipline, yet were concerned that universities were not fully preparing graduate students in this area. Participating faculty were to gain a better understanding of

the changes occurring in health care finance and develop the skills to both educate their students and conduct research on changing payment policies. The expectation was that Fellows would go on to become prominent educators in the field of health care finance. The two-year program included three to four months of training at Johns Hopkins University Medical Center, followed by an eight- to nine-month immersion experience in a health care financing organization. Over 10 years, 41 Fellows completed the program and 36 received grants for research.

10. ***Robert Wood Johnson Foundation Community Health Leaders*** (August 1991 through December 2014) was the first RWJF individual support program to select individuals who were not faculty members at academic institutions. The concept was to recognize "unsung heroes" who played a critical role in improving the health of their communities. The goals were to increase award recipients' visibility and recognition, leadership skills, networks, and influence in order to enhance community health outcomes. Also, RWJF staff viewed this as an opportunity to forge ties with leaders who work at the ground level to better understand community issues and strategies. Each leader selected for this two-year program received two awards: an individual grant for personal development (e.g., communications training or proposal writing), and a larger project award to advance work at the leader's organization. As of 2013, 208 individuals had received the Community Health Leaders award. For more information, read the Program Results Report *online*.

11. ***Robert Wood Johnson Foundation Scholars in Health Policy Research*** (November 1991 through December 2017) targets recent PhDs in economics, political science, and sociology and provides them with advanced training in multidisciplinary health policy research. Foundation staff members believe that health policy research should adopt a more interdisciplinary approach in order to respond to America's complex health and health care problems. The program offers a two-year fellowship to study and conduct research at one of three university sites. Scholars work closely with faculty from the social sciences–as well as from medicine, public health, and public policy–on multidisciplinary learning and research. It is hoped that Scholars gain commitment and capacity to inform and influence health policy, as well as infuse their own disciplines with concern for health policy research questions. As of 2013, 209 Scholars had completed the program. For more information, read the Program Results Report *online*.

12. ***Robert Wood Johnson Foundation Investigator Awards in Health Policy Research*** (November 1991 through December 2017) is based on the concept that innovative health policy research often goes unfunded due to the siloed nature of academic disciplines and the lack of funding opportunities for "big-picture" research. The program supports creative, often multidisciplinary, research; the aim is to enhance understanding of important problems in health and health care, as well as contribute to the intellectual foundation of future health policy. Award recipients come from a wide variety of fields, and can be in any stage of their career, from new researchers to well-established scholars both inside and outside academia. Grants provide two to four years of support. As of December 2014, 201 projects involving 265 Investigators had been funded. For more information, read the Program Results Report *online*.

13. ***Generalist Physician Faculty Scholars Program*** (May 1992 through July 2008) sought to attract more medical students to general medicine by increasing the prestige and credibility of generalist faculty members. The program's goal was to create a cadre of physicians that would enhance the field of generalist medicine within and beyond the participating faculty members' medical schools. Scholars were awarded four-year research grants to work on health services research projects and received 40 percent protected time from their medical school. Up to 15 junior faculty members per year were selected, coming from family medicine, general medicine, and general pediatrics. The program supported 176 Scholars from 81 medical schools. For more information, read the Program Results Report *online*.

14. ***Robert Wood Johnson Foundation Executive Nurse Fellows*** (May 1997 through March 2018) seeks to help the nursing profession exert more effective leadership in all fields of health and health care and create a cadre of nursing leaders. The Foundation created this three-year advanced leadership program for nurses to address the lack of leadership development programs available to them at the time. Fellows undergo leadership assessment and training before beginning an action-learning project. Each year 15 to 20 Fellows are funded. As of 2013, 221 Fellows have completed the program; more than 300 will have received training through 2017. For more information, read the Program Results Report *online*.

15. ***Innovators Combating Substance Abuse*** (May 1998 through January 2008) was established to recognize and foster innovation as well as increase prestige for the substance abuse field. The program provided a three-year award enabling recipients to pursue research, writing, policy advocacy, and other projects, as well as to attend networking conferences and events. The national program office worked with Innovators to develop individual projects and assisted with dissemination to promote their work. Some 20 Innovators received the award. For more information, read the Program Results Report *online*.

16. ***Developing Leadership in Reducing Substance Abuse*** (May 1998 through February 2007) was a companion to *Innovators Combating Substance Abuse*. It aimed to attract diverse young leaders to the field of substance abuse, which was seen at the time as stigmatized and underfunded. The program sought to enlarge fellows' sphere of influence and stimulate them to take leaps forward in their careers. Fellows stayed at their home organizations and received a three-year award of $25,000 per year ($75,000 total), allowing them to pursue research or a community-based project. In total, 40 people received fellowships through this program. For more information, read the Program Results Report *online*.

17. ***State Health Leadership Initiative*** (August 1998 through March 2016) provides training and support to state and territorial health officials. The program offers training, leadership retreats, mentoring, and networks–all aimed at helping newly appointed state officials hone their management and advocacy skills, and enhance their understanding of the political and economic context of public health. State health leaders also receive individualized technical assistance and help with strategic planning. As of June 2014, 215 state health leaders had participated. For more information, read the Program Results Report *online*.

18. ***Robert Wood Johnson Foundation Health & Society Scholars*** (February 2001 through February 2017) is a component of the Foundation's strategy to promote a population health approach to health policy. The intent is to produce leaders who can help strengthen the

nation's capacity for research and action to improve population health and eliminate health disparities. At six university sites, Scholars complete an intensive two-year fellowship with coursework, research projects, and training in leadership and professional development. Sites receive funding to support collaborative interdisciplinary population health-related research and promote interest and engagement in population health across the university. As of 2013, 157 Scholars had completed the program, with 24 Scholars currently enrolled. For more information, read the Program Results Report *online*.

19. ***Public Health Informatics Fellows Training Program*** (March 2005 through June 2010) sought to bring the discipline of informatics to the public health field and create a pipeline of future leaders. Modeled after the National Library of Medicine's University Medical Informatics Research Training Program, Fellows participated in an approximately two-year program at one of four sites, each teaching its own curriculum with a specialty area of focus. Each site awarded three to six fellowships to pre- and postdoctoral trainees, for a total of 12 to 18 Fellows per cohort. For more information, read the Program Results Report *online*.

20. ***New Connections: Increasing Diversity of RWJF Programming*** (November 2005–ongoing) seeks to increase diversity among researchers and help Foundation staff to broaden their network by establishing relationships with these researchers. Early and mid-career researchers from diverse backgrounds participate in the program and receive financial and technical support. An integral part of the program is the New Connections Network, which includes more than 1,300 current researchers, alumni, non-selected applicants, as well as other underrepresented investigators not receiving grant funding from RWJF. The network helps researchers establish connections with each other as well as those in the field at large. Up to 10 researchers are supported each year from academia or other research organizations. As of November 2013, 98 junior and 16 midcareer researchers have received awards. For more information, read the Program Results Report *online*.

21. ***Robert Wood Johnson Foundation Physician Faculty Scholars*** (February 2006 through December 2012) was established after a survey of the Clinical Scholars revealed dissatisfaction with their career advancement. Young physician scientists engaged in health services research, community-based participatory research, and prevention research were provided with release time and funding to conduct independent research to enhance their career development. Each year, 15 Scholars were selected to receive a three-year financial award as well as other support. A total of 65 Scholars participated. For more information, read the Program Results Report *online*.

22. ***Young Epidemiology Scholars Program*** (June 2006 through December 2015) is a prize competition for high-school juniors and seniors to attract talented students to the field of epidemiology and to the larger field of public health. Each year, 120 Scholars are selected to receive a college scholarship and opportunities to share their work with their peers and experts in the field. The program also designed epidemiology teaching units to encourage integration of the subject into secondary school curricula. As of the end of 2011, when the last prizes were awarded, a total of 976 students had received them. For more information on the program, read the *RWJF Anthology* chapter *online*.

23. ***Health Policy Partnerships in Diversity*** (November 2006 through June 2018) aims to increase the diversity of health services and health policy researchers through the formation of the Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico (UNM). Its student body contains a high proportion of minority students, particularly Latinos and Native Americans. Fellows recruited from UNM and other Hispanic-serving institutions enter into a five-year doctoral fellows program in health policy and participate in an ongoing curriculum of health policy training beyond their disciplinary education. As of October 2014, the program had 18 alumni, 19 doctoral fellows, 53 senior fellows, and two scholars.

24. ***Robert Wood Johnson Foundation Nurse Faculty Scholars*** (August 2007 through February 2018) seeks to develop the next generation of national leaders in academic nursing and increase the stature and academic standing of nursing faculty. Scholars remain at their home institutions and receive funds for three years of protected time for research activities. Between 12 and 15 Scholars are selected each year. As of the summer of 2014, the program had admitted 78 Scholars. For more information, read the Program Results Report *online*.

25. ***Ladder to Leadership: Developing the Next Generation of Community Health Leaders*** (August 2007 to August 2012) was established in response to a study that predicted a shortage of nonprofit leaders when the baby-boom generation retires. It aimed to build a pipeline of future leaders for health-related nonprofit organizations and communities by bolstering leadership capacity, promoting collaboration, and encouraging innovation. Up to 30 leaders from each of eight targeted regions were recruited to participate in a 16-month training program. During this time, they received leadership training support while working on a team action-learning project focused on health-related challenges in their region. The program provided leadership training to 219 early-to-mid-career professionals working with vulnerable populations in eight targeted regions and communities across the United States. For more information, read the Program Results Report *online*.

26. ***Robert Wood Johnson Foundation Center for Health Policy at Meharry*** (February 2009 through June 2018) seeks to increase the number of minority health policy researchers. The center is located at Meharry Medical College, an historically black college. The center works in partnership with Vanderbilt University to provide a five-year doctoral training program in economics, sociology, and political science with a concentration in health policy. To date, two to five scholars have participated each year. It also supports up to 12 Meharry medical/dental students in completing the Meharry Health Policy Scholars Program, which culminates in the award of a certificate in health policy. The expectation is that through their grounding in public health and health services research, participants will be prepared to be leaders in national health policy. As of October 2014, 10 fellows and 52 scholars have participated.

27. ***Medicaid Leadership Institute*** (February 2009 through mid-February 2015) was created as part of the Foundation's efforts to expand health care coverage in the United States. The program focuses on improving the leadership capacity of state Medicaid directors by providing them with a one-year leadership development program designed to cultivate the skills they need to improve their state Medicaid programs. Fellows work on a leadership project that they develop to bring innovations and improvements to their individual

Section 3

When and How Might Individual Support Programs Be Strategic?

The authors remind the reader that this document presents an analysis of the underlying strategy embedded within the Foundation's individual support program; it is not an evaluation. However, the experience of these 27 programs and the related literature on field-building and leadership development point to factors that should be considered by those leading future individual support programs and their funders.

For the most part, individual support programs are a limited intervention. This is particularly the case when considering the relatively small number of participants in light of the oftentimes complex problems they are meant to address. However, these programs can be powerful and effective in the right circumstances.

For the most part, individual support programs are a limited intervention. This is particularly the case when considering the relatively small number of participants in light of the oftentimes complex problems they are meant to address.

Three interrelated dimensions of strategy need particular attention:

- *Nature of the problem:* the size and complexity of the problem itself
- *Environment or ecosystem:* the institutional, political, and professional operating environments surrounding the problem
- *Strategy sufficiency:* whether and how the program addresses the complexity and size of the problem and its surrounding ecosystem

Nature of the problem. Not all problems are the same. Problems that are deemed wicked problems are those known to resist resolution. Problems can be pervasive and persistent or not understood well. However, some problems are relatively small, with defined and accepted parameters and with little disagreement about how to solve them. Understanding the difference is an essential part of crafting an effective strategy.

Environment or ecosystem. The operating environment or ecosystem of any grant-funded program shapes the likelihood of success in important ways. In the case of individual support programs, institutional and professional politics reveal themselves as significant factors in determining whether program participants will encounter an inviting or hostile response when they seek employment after graduation. A successful program assures that a ready market

exists for its "products," including its perspective, practices, knowledge, and alumni. And if not, programs must develop ways to build understanding, readiness, and appetite for what they produce. Success, however, is not altogether in the hands of program leaders; systems must be ready to change as well. If not, funders need to consider whether they can mobilize a powerful enough set of interventions outside of the single individual support program such that, as a group, they can leverage change.

Strategy sufficiency. Ultimately the success of an individual support program depends on how well its strategy addresses the source, size, and complexity of the problem and the challenges presented by the ecosystem surrounding it. In supportive and ready contexts with relatively modest goals, individual support programs will have better odds in meeting their aims. When addressing large problems in less receptive settings, individual support programs will likely need to bring a more powerful strategy to the table.

In this section, the authors explore how these factors in interaction–nature of the problem, ecosystem, and strategy–shape program effectiveness and likelihood of success.

PROBLEMS AND PROBLEM FRAMES

A problem "frame" structures the way an issue is thought about and addressed.

A problem "frame" structures the way an issue is thought about and addressed. In communications research, framing is defined as "selecting and highlighting some facets of events or issues and making connections among them so as to promote a particular interpretation, evaluation, and/or solution."[24] The way a problem is framed reveals the funders' predilections toward certain kinds of solutions. The frame then also points to certain types of outcomes that would logically follow. Based on how each problem is framed, the authors speculate about the nature of impact desired and where it would be evidenced.

The vast majority of the individual support programs in this body of work address five typical problems described below. These problem frame categories are not mutually exclusive; many programs focus on multiple issues simultaneously, although most tend to emphasize one area more than others. Additionally, given the decade-long lives of a number of programs, it's to be expected that they would shift or expand their emphasis over time.

Problem Frame 1: A field needs to expand or a new field needs to be created to reflect an important new perspective

Here the proposition is that the "field" (however it is defined) needs to change in fundamental ways or a new field needs to be created. The problem frame is quite expansive. Far more than simply training a number of individuals, these programs and their graduates embody a vision for a new way of working and thinking relevant to each field. In essence, these programs aspire to realize a particular vision–for example, to bring a multidisciplinary research perspective to inform health and health care, or to empower nurses to have a greater role in leading health care institutions.

The best-known example is the *RWJF Clinical Scholars* program, particularly in its early years, when individuals were being recruited to become "a new type of physician leader" who could combine strong clinical and research skills that would advance the discipline of health services research. So, too, the *Nurse Faculty Fellowship Program* aimed to expand the capacities of nurses in the delivery of primary care at a time when the nurse practitioner model, now in widespread use, was just in its earliest stages of development. *RWJF Executive Nurse Fellows*, a more current

example, seeks to increase the presence and influence of nurses and the nursing profession; the goal is for nurses to attain a more equal voice in the delivery of health care and the formulation of health policy.

Implications for impact: This problem as framed then directs us to look for evidence of impact within the field or profession rather than focusing on individual achievement. In other words, the unit of analysis should be elevated to a field or profession. For example, to what extent have ideas and practices diffused and spread across the field or profession; and if not, why?

Problem Frame 2: Gaps in the quality of practitioners have emerged and the gap is a reflection of how the profession is trained

These programs target specific gaps in the quality of practice and training in a profession. Unlike the expansive problem frame articulated above, this problem is cast in a relatively narrow frame. Rather than promoting a new perspective or building a new field, these individual support programs focus on filling a relatively narrow gap in knowledge or skills within an established discipline or field, usually after a period of significant change in the field.

In the early 1980s, after nursing education moved away from hospitals into universities, the Foundation and field leaders recognized a deficit in the clinical training of graduate nurses. In order to address this gap for the next generation of nurses, the *Clinical Nurse Scholars Program* brought nursing school faculty into the hospital setting to improve their knowledge of the hospital context and use that information to update nurse training in nursing schools.

Another example is the *Faculty Fellowships in Health Care Finance* program, created in the mid-1980s after significant changes in the way health care was being financed (e.g., the introduction of managed care). The program intended to address the emerging gaps by updating faculty knowledge of health care finance and related areas, such as economics, accounting, and research methods.

Implications for impact: Impact in this problem frame should focus on whether and how the identified gap has narrowed.

Program Frame 3: Insufficient numbers of practitioners from diverse backgrounds

Since its inception, the Foundation has invested in ways to address the problem of inadequate diversity in the health and health research professions. While all individual support programs strive to increase the number of participants from diverse backgrounds, four individual support programs embrace this issue as their primary goal. Each seeks to affect change at the field- or profession-level through the instrument of individual support.

The *Harold Amos Medical Faculty Development Program* has pursued increasing the number of medical school and dental school faculty from disadvantaged backgrounds (which is defined to include disadvantage due to socioeconomic and educational factors as well as race and ethnicity) who achieve senior rank in academic medicine and dentistry and to foster the development of succeeding classes of such physicians and dentists. Two recent programs, *Health Policy Partnerships in Diversity* (which contains the RWJF Center for Health Policy at the University of New Mexico) and the *RWJF Center for Health Policy at Meharry*, aim to strengthen the diversity of researchers in

the fields of economics, political science, and sociology who engage in health services and health policy research. In turn, the *New Connections* initiative seeks to advance the careers of researchers from diverse backgrounds, in part to improve research on health disparities.

Implications for impact: The question of effectiveness in these programs would lead to examination of whether the field or profession has become more diverse. Compared to the two RWJF centers mentioned above, *New Connections* has the more modest goal of attracting researchers from diverse backgrounds to the study of health disparities and introducing new researchers to the Foundation. In this case, an examination of the participants' career advancements, alignment of their subsequent research with the issue of health disparities, and their continuing connections with RWJF would be appropriate.

Problem Frame 4: A field is unable to attract or retain a sufficient number of strong leaders

These programs seek to enhance leadership in low-prestige or under-recognized fields that face challenges in recruiting and retaining top talent. The *RWJF Community Health Leaders* program was developed to address this problem by recognizing talented mid-career community health leaders and providing them with skills and training to improve their leadership capacity. In part, the program aimed to increase the recognition of these leaders to lessen the risk that they would experience burn out and leave the field. *Young Epidemiology Scholars Program* sought to increase awareness of epidemiology and public health among top-tier high-school students so that they would choose this discipline over more recognized professions.

Implications for impact: In light of this problem frame, impact for these programs should occur at the field level and would be indicated by the extent to which programs create sufficient recognition and interest to build a sustainable pipeline of talent and retain practitioners in the field.

Problem Frame 5: The need for more effective leaders

The belief in the importance of leadership is pervasive across almost all of the programs in this portfolio. In this category, however, the problem frame is cast as a general statement about the need for strong leaders in the field. Over time, two of the longest-running programs, originally designed to promote an articulated perspective, evolved into broad calls for more and better leaders.

Implications for impact: In light of this problem frame, program impact is difficult to assess as the target is so broad and the dimensions of the problem are underspecified. More information is needed about why the problem exists and what behaviors need to change. For example, what attributes of leadership are sought and what knowledge boundaries need to be spanned and why?

Observations

At times, problem frames and solutions are conflated. As an example, consider the following problem statement: *a field has difficulty attracting high-quality practitioners because it has low prestige*. This statement logically points to a limited solution: elevate a field's prestige. This narrow construction of the problem statement does not, however, encourage examination of other factors that might inhibit individuals from entering a field–issues such as salary, chances for advancement, or other more systemic causes of low-quality entrants to a field. More consistent analysis of the problem set, such as scoping the scale or size of the need and the range of underlying factors, might result in a very different strategy being employed.

The Foundation's rationale about the decision to apply an individual support approach often was not explicitly discussed in program documentation, but is an important consideration. *What about the nature of this (identified) problem calls for an individual support approach?* This is particularly germane in light of the range of issues where this strategy was employed; issues that are quite different in size and complexity. In the case of defined and relatively narrow problems, individual support programs could very well succeed in producing the required number of faculty or scholar/researchers to address the identified gaps over a specified period of time.

An individual support program may also be appropriate for some of the larger and more complicated problems targeted. In these cases, however, success would depend on the malleability of its ecosystem and/or the extent to which it is embedded in a more complex change strategy.

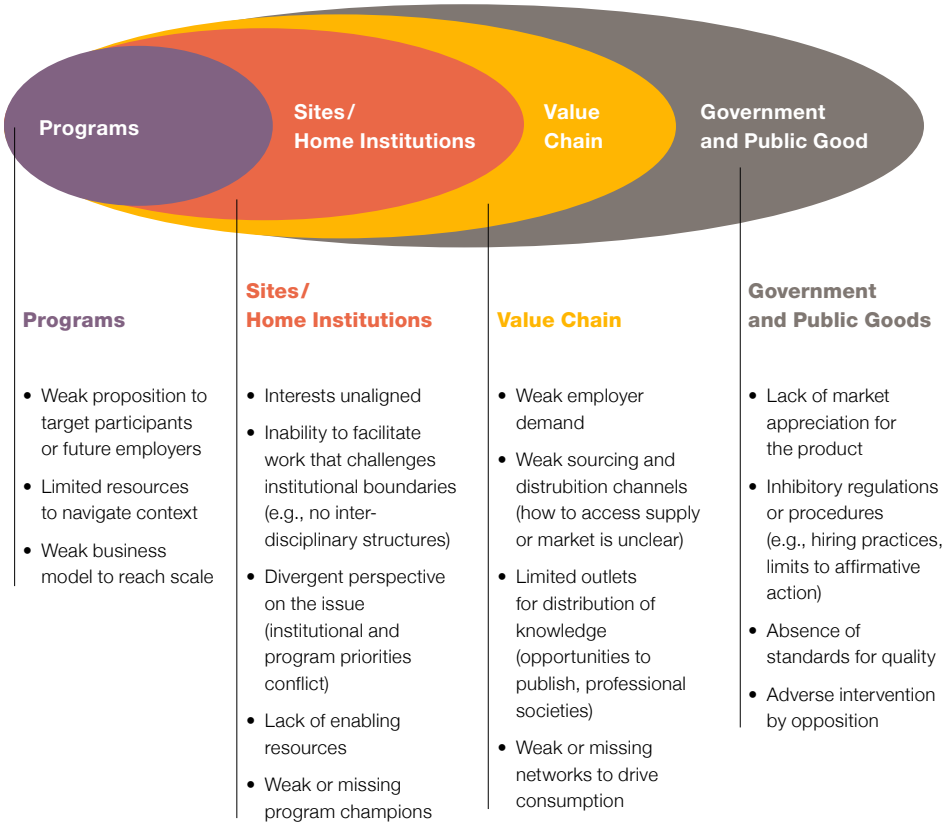
UNDERSTANDING RELEVANT ECOSYSTEMS SURROUNDING INDIVIDUAL SUPPORT PROGRAMS

All programs operate within a context or ecosystem that affects their capacity to achieve their aims. The ecosystem consists of a set of interlocking systems that exert substantial force on a program's capacity to succeed. The smallest subsystem is the program itself. The next subsystem affecting program capacity is that of the program sites and other institutions working closely with the program. The third subsystem is that of the surrounding industry or field–in essence, the ways and means that a field uses that creates a good market for the program. Called a value chain, it includes the vehicles that enable a program to access core resources (money and people) and distribute program products (people, ideas, knowledge, practices). The broadest subsystem consists of governmental laws, rules, and standards, and such things as how consumers view the need for change.

Each part of the relevant ecosystem can present major barriers to program success; these are depicted in Figure 10.

FIGURE 10

Common Ecosystem Barriers to Individual Support Programs[25]



Push products require strong shepherding and ability to get the product to the proper distribution channels (in the right journals, at the right conferences). This is in stark contrast to what it takes to get a pull product to market—that is, those products that consumers already want and demand.

Programs: If we step back and consider what individual support programs hope to achieve, we can identify the capacities that they need in order to see their efforts and products through to their intended outcomes. This is especially the case when programs develop what is known as push products–that is, products without a ready market. In fact, consumers may have no appreciation of such a product's value. Push products require strong shepherding and ability to get the product to the proper distribution channels (in the right journals, at the right conferences). This is in stark contrast to what it takes to get a pull product to market–that is, those products that consumers already want and demand. Discerning this difference can help shape programs and identify the kinds of resources and capacities they need to navigate their relationships with the external system. Common elements that individual support programs need to consider include:

- A sufficient proposition about how programs will produce value to some identified constituency of consumers and potential participants
- A business model that addresses how its people, products, and services will find and reach its identified market and the level of scale needed to achieve this goal
- Sufficient resources to capitalize program goals, particularly at scale

- Program's connections within relevant fields and the ability to grow networks of champions
- Capacity to build consumer demand

Sites/Home Institutions: Program sites need to demonstrate commitment to and alignment with program goals. This is particularly the case when sites are meant to serve as "beacons of excellence," capable of attracting potential faculty and scholars. Issues to be considered include:

- The strength of institutional commitment and resources to become a "beacon" for the work
- The commitment of senior staff and their ability of adopt and integrate program elements
- The ability of leaders to change inhibiting structures and processes, such as those related to hiring or promotion

Value chain: A value chain is the range of functions needed to bring a product from its conception to its end use and beyond; it involves a broad set of organizations in the field or industry.[26] A well-functioning value chain is needed to assure that a program has the capacity to see its work through to what constitutes success. Increasingly, the concept of a value chain has emerged in foundation strategy; it can shed light both on the ways that programs need to acquire inputs necessary to do their work and on those channels through which they need to distribute their work. When inputs are not readily available or channels are blocked or missing, funders need to invest in building these channels or programs will have difficulty recruiting participants or making the case for their value to potential customers. Specific factors to consider include:

A well-functioning value chain is needed to assure that a program has the capacity to see its work through to what constitutes success.

- Ability to access information to build a pipeline of potential entrants to a field
- Availability and strength of platforms for expanding program markets–e.g., journals that will publish research pushing disciplinary boundaries, conferences accepting work, professional associations for participants
- Access to end users–policymakers, leaders, etc.
- Financing for the end product–e.g., research money, quality jobs, appropriate salary levels

Government and public goods: Represented by the outermost ring in Figure 10, this category consists of the laws and regulations that may limit adoption of program products, including such things as practice regulations or payment guidelines. It also includes a broader recognition in society of need and appreciation for the types of solutions being proposed. Factors to consider about this category include:

- Awareness and appreciation for the product
- Whether standards of quality exist so that potential consumers understand why the program product is better than what is currently available
- Knowledge about how to structure jobs suitable for alumni
- Inhibiting laws restricting access to targeted populations, or facilitating hiring of same
- Adverse reaction in professional groups or inter-professional battles

Case Examples

What follows is a set of brief vignettes about individual support program experiences in different settings. The examples illustrate how programs have fared addressing problems of varying complexity operating in different contexts.

A case of a relatively simple problem in a relatively simple context

The *Public Health Informatics Fellows Training Program* aimed to import the established discipline of health informatics into the curriculum of public health schools, where it had not yet established a strong hold. The program funded four university sites to develop a public health informatics track and provided fellowships to pre-doctoral, doctoral, and postdoctoral trainees. The problem addressed by this program did not require significant system changes. The role of the individuals in this program was to develop the knowledge base, curriculum, and teaching skills necessary to train public health students. This is a basic, common issue that academia is prepared to address. The program did not promote a new or controversial perspective, nor did it require major shifts in resources or employee activities. Rather, the program filled a relatively narrow gap in knowledge that the educational system was able to incorporate.

A case of a complex problem in a ready system

A case illustrating how a ready system lays the groundwork for program success is that of the *RWJF Clinical Scholars* program. While much attention has been paid to the internal elements of this program, there has been less appreciation for how much the ecosystem surrounding the program contributed to its success. Both institutional and market readiness were important factors in the success of *RWJF Clinical Scholars*. In fact, the professors of five medical schools proposed and planned the program in recognition of the need for physicians with additional training and skills who could study and guide health policy. The collaboration of the medical school professors was a manifestation of the then just-emerging–and what turned out to be burgeoning–demand among the leaders of academic medical schools for physicians with this kind of training and skills. During the program's first few years, demand continued to grow–perhaps as a result of the success of the first cohort of *Clinical Scholars* and the influence of the advocate professors. Three years into the program, the Foundation held a national competition to select seven additional program sites. More than 70 institutions submitted letters of intent to compete for this opportunity. Over time, several additional programs, similar in nature, were created without Foundation support.

Both institutional and market readiness were important factors in the success of *RWJF Clinical Scholars*.

A case of a complex problem in a resistant system

In contrast, *RWJF Health Policy Fellows* in its early years faced the considerably more challenging task of working in a context less ready and amenable to change. Whereas *RWJF Clinical Scholars* sought to expand the type of training offered, *RWJF Health Policy Fellows* as originally designed to encourage academic medical schools to take on a new role: to increase their voice in health care policy debates through the provision of research to directly inform policymakers in Washington. At this time–the early 1970s–interest among academic medical school leaders to take on this new role was limited at best. This challenged the program in two concrete ways. First, attracting top talent was difficult. Initially, to participate in the program, faculty had to be nominated by their academic medical school officials. Deans and other officials, however, were hesitant to nominate their top staff as they would lose them for the fellowship year. Second, most academic medical

school leaders were not interested in becoming more proactive in health care policy debates in Washington. As a result, when program alumni returned to the academic environment, they found it difficult to integrate what they had learned during their fellowship.

A case of a complex problem with varied system response

Programs promoting interdisciplinary research often encounter considerable challenges from academia and its surrounding system. While many key players espouse the importance of this work, these programs have faced numerous obstacles as they operate in contexts that have been less than amenable to change. Challenges have emerged from entrenched and widespread barriers in academia–discipline silos, limited opportunities for advancement, and boundaries surrounding the types of research considered to be publishable. Individual support programs certainly recognize these barriers and a number have developed creative ways to scale disciplinary boundaries, with support of the Foundation. As an example, the *RWJF Scholars in Health Policy Research* national program office helped with alumni advocacy efforts within their disciplines and worked to provide additional publishing opportunities for Scholars.

Challenges have emerged from entrenched and widespread barriers in academia—discipline silos, limited opportunities for advancement, and boundaries surrounding the types of research considered to be publishable.

In essence, three contingencies emerge from these case examples and each points to possible program and funder responses:

- If the problem is relatively simple in nature, and the institutional context is aligned, then the program's challenge is limited to managing its own performance–assuming there is market demand. If there is weak market demand in the same context, then an individual support program will need complementary efforts to build or enhance the market for its products.
- If the problem is complex but the market is ready, the program will need to find ways to integrate and support market actors and interests. (This is a case of a pull product.)
- If a problem is complex and the system is not ready, then the funder needs to address and build market readiness or enabling policies.

Good strategy requires good appreciation of the ways the ecosystem surrounding a program can limit or enhance its ability to be effective. Individual support programs must be highly attuned to the systems in which they operate, and in more challenging contexts they will need to attend to factors beyond solely providing support to individuals. Understanding these barriers should also alert funders to situations where a more expansive set of program elements is necessary to realize success.

PROGRAM CHANGE ASSUMPTIONS REGARDING HOW INDIVIDUAL SUPPORT PROGRAMS MIGHT LEAD TO GREATER FIELD-LEVEL IMPACT

Many of the individual support programs in the RWJF portfolio have ambitious aims, and seek to create large-scale impact in a field, profession, or workforce. How the desired level of change is to come about, however, is rarely discussed.

The strategy question is: How do individual support programs, which support a relatively limited number of individuals, bring about the level of change needed to reach the ambitious field-level goals articulated by the Foundation?

The strategy question is: *How do individual support programs, which support a relatively limited number of individuals, bring about the level of change needed to reach the ambitious field-level goals articulated by the Foundation?*

The authors' work surfaced six common change assumptions about how scale was expected to occur in these individual support programs. The authors have organized these assumptions in the form of brief scenarios. They illustrate expectations about how various elements of

programs are intended to work in combination with dynamics, such as "prestige," to magnify direct program outputs into field-level effects. For each change scenario, the authors speculate on conditions necessary for success, which either need to already exist or be developed during program implementation.

Change Scenario 1: Influence the field from a prestigious academic base

Bring together high-prestige attractors (best schools and best people) to promote a new perspective, knowledge, and skills; and create an educational experience that captures them.

The change assumptions underlying this work are:

- Academia shapes fields and policy through faculty capacity to produce research and educate future generations of researchers and professionals
- Under this scenario, the power of individual investment in academia comes about through the:
  - Qualities of participants–exceptionally high performers with strong pedigree
  - Reputation of the training sites themselves
  - Capacities of the network of participating sites, which are intended to become "home" to new ways of working, or a set of breakthrough ideas
- In combination, individual and institutional participants will become advocates for the ideas embodied by the program.

In this scenario, effectiveness rests on the capacities of the program, as well as its participating individuals and universities, to signal the emergence of a "gold standard" in practice or knowledge to an audience ready to adopt the new perspective.

Promoting a new field or perspective, by its very nature, requires some degree of scale so that the perspective can take hold in practice.

Reputation alone, however, is insufficient for this scenario to succeed. The best of these programs create or reflect a coherent perspective or body of work with sufficient "pull" for others to emulate, thereby expanding or magnifying program effects. This type of work, therefore, requires gaps in the value chain be filled so that the work of the program can reach its desired audiences. So, too, promoting a new field or perspective, by its very nature, requires some degree of scale so that the perspective can take hold in practice.

The prototype for this change scenario is *RWJF Clinical Scholars* in its early years. The program promoted a view for a new discipline within the medical field: health services and policy research. It advocated for "new physician leaders" who would bring their clinical knowledge to address issues raised by a rapidly changing health system. The program had clear expectations that many of the participants would become faculty members who would advance health services research within academic medicine as well as conduct important research projects that would help guide policy decisions.

This program represents an interesting example also because of its scale: at its peak in 1976–79, 128 individuals participated in the program each year at 11 program sites. Consider that many of these individuals became academic faculty in the approximately 140 medical schools at the time, and a reasonably clear picture forms about the power of this group to promote the program's strong perspective, not just at one moment in time but over the length of their careers as they influenced future generations.

Another example of work under this scenario is *RWJF Scholars in Health Policy Research*, which seeks to increase multidisciplinary health policy research. The program targets top-tier graduates from doctoral programs in economics, political science, and sociology and provides them with interdisciplinary training and exposure to health policy research. The change assumption is that these Scholars will maintain their academic and intellectual ties to their home disciplines–yet keep a focus on health policy. The national program office developed a theory of change that illustrates how Scholars and the university training sites are expected to become influential advocates: through their own work, commitment, and capacity for multidisciplinary health policy research, they will encourage and guide others within their home disciplines and institutions to engage in multidisciplinary research.

Necessary conditions for success

Under this scenario, success depends on the existence of, or potential to develop, the following:

- The degree of consensus in the field that the issue is important, and the ability of academic institutions to integrate the issue into how they work. Is the issue a recognizable topic and viewed as important?
- The ability to evolve a cohesive view or body of knowledge that then can be developed and transmitted through curriculum and training.
- The extent to which faculty and students are drawn to the issue and want to pursue it in their future work. Are program alumni rewarded within their academic institutions and within their fields? Do influential faculty and staff promote the topic to students outside the program?
- The activation of important networks to support and promote the work.
- The existence of influential champions, both in academic settings and among outside influencers (e.g., Institute of Medicine, National Institutes of Health, and health care providers and institutions).
- Ways to publish and distribute the work and engage with potential end users.

Change Scenario 2: Strengthen practice by training faculty and improving the research base

Relatively simple gaps in practitioner quality or knowledge can be addressed by improving academic training and research.

This scenario rests on the assumption that small, defined problems in teaching or knowledge can be addressed by efforts that focus on improving the research base and/or improving teaching quality through the traditional means already in place in academia. Unlike the first scenario, which seeks to promote a new perspective that requires larger changes within a field, these programs aim to address a defined gap. The need for scaling is more limited in these types of programs, as they focus on the training and quality of practice, and rely on existing system structures to support dissemination–i.e., the value chain is in place to promote the adoption of the work produced.

An example of a program under this scenario is the *General Pediatric Academic Development Program* created in 1978. This program sought to strengthen and expand academic medical

schools programs in general pediatrics. Individual support was awarded to faculty members to conduct research on the more common childhood illnesses such as ear infections that were not, at the time, covered in medical school curricula. As schools already had pediatric programs, this new knowledge could be integrated fairly easily into practitioner training.

Impact under this scenario is more closely connected to the direct outcomes of the program. That is, did the individuals supported improve the knowledge base? Did the value chain work effectively to promote the adoption of the knowledge? Did this new information become part of the curriculum and was it used to improve teaching?

Necessary conditions for success

Under this scenario, success depends on the existence of, or potential to develop, the following:

- Good estimates of the quality or knowledge gaps and what it would take to fill them
- Good partnerships with the implementing institutions
- Good overall execution
- A well-functioning value chain in place

Change Scenario 3: Individuals can change institutions

The prestige of a fellowship—in combination with the opportunity to develop new skills, mentoring, and perspective—will enable individual fellows to assume positions of power and enable them to influence institutional change.

Originally, achievement of outcomes under this scenario was thought to depend almost exclusively on the ability of single individuals to affect change within their home institutions. Two older Foundation programs–*Harold Amos Medical Faculty Development Program* and *RWJF Health Policy Fellows*–initially operated with this expectation.

The *Harold Amos Medical Faculty Development Program* seeks to increase the number of medical and dental faculty from disadvantaged backgrounds in senior positions in academic medicine and to foster the development of succeeding classes of such physicians and dentists. At the outset, the program provided 12 fellows per year with four-year post-residency research awards and mentoring to help them get a "leg up" in their pursuit of faculty positions at academic health centers. The program's expectation was that fellows would become faculty members who would serve as role models for the next generation of physicians and dentists, and, as they advanced within their institutions, exert influence on institutional admission and other processes and policies that encourage or hamper greater minority representation. In a 1983 Board document, Foundation staff wrote: "We believe that the addition of such individuals to faculty ranks could reverse the retrenchment in minority enrollment which has occurred in recent times. Thus, the Foundation's investment in this program would have leverage well beyond just the preparation of 12 highly qualified minority medical faculty and would provide returns well into the future."[27]

Foundation staff had similar expectations about *RWJF Health Policy Fellows* as originally designed. At its outset in 1973, the program aimed to select outstanding mid-career health professionals who worked in academic settings and provide them with training and experience in

health policy in Washington, working in a congressional or executive branch office. Foundation staff believed that doctors, particularly academically based physicians, needed to play a more proactive role in government and policymaking. The expectation was that, with a better understanding of the major issues in health policy and knowledge of how federal health policies are established, Fellows would bring knowledge and political savvy back to their academic health centers; these institutions could then take a more active role in health policy.[28]

Over time, the Foundation recognized that it was too ambitious to expect a single individual to change an institution, particularly in relation to diversity and, in the case with *RWJF Health Policy Fellows*, where academic medical centers demonstrated little interest in adopting a new role. Both the Health Policy Fellows and the Harold Amos programs modified their expectations over time. The *RWJF Health Policy Fellows* program modified its expectations about impact on sponsoring institutions and broadened program eligibility to individuals from a range of health-related disciplines. The Harold Amos program similarly no longer expects fellows to change organizational polices, but to serve as role models and mentor future medical students.

Necessary conditions for success

Under this scenario, success depends on the existence of, or potential to develop, the following:

- The interest of key institutions in change and ease of doing so
- Ability of individual(s) to influence leaders within target institutions
- Time between program participation and when participants will be in a position to assert the desired effect
- Commitment of participants to "stay the course"

Change Scenario 4: Leadership enculturation

Individuals in powerful positions—with additional training, support, and enculturation—can exert their leadership to promote change.

Although similar to Scenario 3 above, this one differs in a key respect. Rather than selecting individuals with the *potential* to become influential, it selects people who are *already in positions of power* and have the authority to propose or make change in their organizations. Programs operating under these change assumptions focus on providing the skills to help leaders develop and implement a shared vision of change in their organizations. The effectiveness of this strategy rests on the fact that these individuals are current leaders of important organizations; the assumption is that the participants will commit to, and be able to implement, the envisioned change in their organization and that a network of participants will facilitate adoption of new practices and ways of working.

Like the preceding scenario, outcomes from these programs should be seen in the organizations participants lead, as well as in the networks they create.

Programs that seek to advance and support individuals in their professional roles are distinct from programs supporting more emergent leadership. First, these programs select individuals based on their already demonstrated success in their organizations or the important roles they occupy, such as being a state Medicaid director. Second, improving the quality of leadership is, in and of itself, far more central to what these programs offer both in programming and experience.

The programs tend to offer leaders a combination of at-home coaching provided by a mix of content and "leadership" experts, plus off-site work with those in peer positions.

The *Medicaid Leadership Institute* is an example of this change scenario. The institute was created as part of the Foundation's efforts to expand health care coverage in the United States. During the yearlong program, participants attend a series of trainings and workshops designed to increase their substantive knowledge, strategic thinking, problem-solving, technical, and leadership skills. The program also promotes networking and sharing among Medicaid state directors about their work experiences and the challenges they face. Ultimately, the hope is that the Medicaid directors who are most engaged in program activities will be more committed and able to improve and expand their state programs to increase access to care.

Necessary conditions for success

Under this scenario, success depends on the existence of, or potential to develop, the following:

- Leaders with the willingness and ability to implement the change desired
- Ability of the organizations/institutions led by program participants to implement effectively
- Development of a high-functioning network to share ideas, experiences, and challenges
- Ability to export skills to the next tier of leadership in the organizations led by participants

Change Scenario 5: "Masterpiece" production

Important, timely work can propel a field or issue forward.

The change assumptions under this scenario hinge on the exceptional value of the work produced by the individuals receiving support. The expectation is that the work created will be of such significance that it will have an influence at the field level. This would come about because the work represents a transformative way of thinking, contributing to policy changes, or stirring public or political debate.

In the selection process, the project that the individual proposes counts as much, if not more, than the characteristics of the individual or individuals funded to do the work. Similarly, the impact of the program is less about the career and advancement of the individual and his or her future work, and more about the attention paid to the research itself and the subsequent effects the research sets in motion.

Success is the degree to which the work produced does in fact become a major influence in a field, policy, public debate, or other domain of interest.

Success is the degree to which the work produced does in fact become a major influence in a field, policy, public debate, or other domain of interest. A study's influence might show up in expansion of doctoral study, more funded projects in an area, and its use to inform policy decisions.

Within the Foundation's portfolio of programs, *RWJF Investigator Awards in Health Policy Research* most embodies the application of this change scenario. This program makes the case that the highly discipline-focused academic climate and the lack of funding opportunities for cross-cutting, "big-picture" health policy research has led to a shortfall of "creative thinkers" who can tackle critical health policy issues. The program seeks to fund seminal work that would guide policy debates, much as Victor Fuchs' 1974 health economic review, *Who Shall Live*, and Paul Starr's 1982 sociological treatise, *The Social Transformation of American Medicin*e, did. The

core premise is that innovative research–which is important, timely, and of high quality–can influence and frame public and policy debates, as well as the work of others in the field.

While not as pure a form as the *Investigator Awards*, other individual support programs rely on the production of exceptional work as part of their value proposition.

Necessary conditions for success

Under this scenario, success depends on the existence of, or potential to develop, the following:

- The degree to which "home runs" can be predicted and the number of works supported is adequate to allow for misses
- Ability of research/products to be timely enough to inform policy issues and/or debates
- Ability of research/products to garner attention of, and the strong promotion of the work by, key audiences
- Some clarity about what audience the product is intended to influence; also, careful alignment of work to that audience's needs, interests, and expectations around quality of the work (e.g., influencing academia is different than influencing public discourse)

Change Scenario 6: Legitimization of a field by elevating individuals

Awards can be used to increase the prestige of a field and therefore make the field more attractive and prominent to potential talent.

These programs seek to create change by using the award to signal the importance of a field and thereby increase its visibility; the goal is to elevate the field's prestige and attract potential new entrants.

The linked assumptions under this scenario are:

- A prestigious award to individuals will highlight their work and signal its importance to others.
- This will send a message about what good work looks like and also serve to attract a more qualified talent pool to the field.
- This will lead to more prestige in the field and, therefore, a growing pipeline of good talent for the field.

Under this scenario, outcomes would follow the assumptions about improved field recognition and an improved and sustainable pipeline of talent.

The *Developing Leadership in Reducing Substance Abuse* program exemplifies how this strategy was employed. The program aimed to develop a new cadre of substance-abuse prevention, treatment, and policy leaders. The Foundation believed that talented individuals were not attracted to the field of substance abuse because of perceived stigma. For many people, including some health professionals, substance abuse was seen as an unsolvable problem and one where addicts were to blame for their addiction. Careers in the field also tended to be financially unrewarding. By recognizing leaders in the field and highlighting their work, the program expected to enlarge the sphere of their influence and, ultimately, enhance the status of the field among public health professionals.

Necessary conditions for success

Under this scenario, success depends on the existence of, or potential to develop, the following:

- Involvement of top-tier participants with indisputable status
- High visibility (and prestige) of the award to a potential pipeline
- Ability to identify and communicate to a potential pipeline
- Entry and career development opportunities with financial or other rewards
- Sufficient opportunity and reward to retain talent

Observations

Questions about how, when, where, and why an individual support program works have not been raised consistently or answered fully. Without answers to these questions, important decisions affecting program design and implementation have tended to rely on assumptions not fully examined.

Particularly important to individual support programs is some estimation of what it will take to get to scale, i.e., the number of individuals and training sites needed and over what time period.

Particularly important to individual support programs is some estimation of what it will take to get to scale, i.e., the number of individuals and training sites needed and over what time period. These are central strategic issues and should be considered as such in planning a program. At times, the number of scholars supported is a decision based more on the availability of Foundation funds than on a strategic estimation of the scale needed to activate assumed multipliers or directly fund the need.

Other strategic questions pertain to the use of networks throughout these programs. Networking is a component, to some extent, in all the individual support programs funded by the Foundation. Most programs have annual meetings and most encourage a broader set of networking opportunities. Some programs provide multiple meeting opportunities between their own participants and those of other RWJF programs. Site-based programs tend to emphasize internal networks as well, and place particular importance on developing cohorts that represent a range of perspectives and experiences.

Networks play different roles in the programs. Among those programs encouraging greater multidisciplinary research, networks help link scholars, connecting them to different disciplines, methodologies, and perspectives–as well as to each other over time. Several programs have encouraged joint research efforts and other ways of capitalizing on scholars after program completion.

In programs working with individuals in similar positions (e.g., the *Medicaid Leadership Institute*, *State Health Leadership Initiative*, and *RWJF Executive Nurse Fellows*), program networks provide political connections, access to peer-to-peer assistance and senior mentors, and a place to have substantive exchange on larger problems in their fields.

Also, networks have been a central part of many of the diversity programs, and serve to encourage more association and less isolation among participants, as well as to provide career guidance advice and encouragement. The functioning of the network is a central premise of *New Connections* in its effort to address the isolation that minority and other under-represented researchers experience in their early and mid-careers. The network created through this program has gone beyond program participants to include those not selected, for the purpose of expanding connections to colleagues from similar backgrounds.

The point the authors make here is that networking issues are important strategic concerns and they can be powerful devices to advance social change. The role, size, and robustness of cohorts matter greatly. One evaluation suggested that programs limited in size lose power in network capacity. While the networks built by some of these programs may be part and parcel of a program's strategy, the support of program networks has, at times, been seen as somewhat extraneous to program strategy, rather than the key instrument it may be.

RECONSIDERING THE ROLE OF EVALUATION IN INDIVIDUAL SUPPORT PROGRAMS

The Robert Wood Johnson Foundation and other funders have labored to identify a satisfactory approach to evaluate the effectiveness of individual support programs. Two interrelated issues rise to the surface: the time it takes before participants realize their full career potential, and how to distinguish the program's effects from the other experiences that shape what participants go on to do and achieve.

As a result of these complexities, many of the Foundation-sponsored evaluations of individual support programs have focused on program implementation and scholar satisfaction with program components. These are certainly important issues and warrant study.

The authors believe, however, a closer examination of the three strategic dimensions discussed in this paper–the nature of the problem, the surrounding ecosystem, and strategy sufficiency–would provide an improved basis for understanding program traction and effects.

Reconsidering the Unit of Analysis

The authors recommend a shift in focus from individual accomplishments to whether and how the program (through its investments in scholars, faculty, research, new forms of practice, etc.) has made progress against the problem it seeks to address. For example, if a program supports individuals to expand the amount or type of knowledge needed to fill a specific knowledge gap–such as that required to better prepare nurses to work in hospitals–then the desired effects should be in evidence by looking at whether and how the identified gap diminishes. The role of evaluation in this case would be to track how the levels and qualities of the knowledge gap have changed and provide information about the role of the program in ameliorating that gap directly or by stimulating others in the field to do so. The role of the individual participant in the program strategy is relatively narrow in this type of program. Therefore, evaluation should be focused on the knowledge generated, and the degree to which this knowledge is adopted in curriculum, training, and certification of graduate nurses.

Linking Evaluation to Strategy Development and Execution

The authors argue here that strategy questions and those of program impact are linked and need to be considered simultaneously. Evaluation can help explicate a program's change strategy and assess how well it is working. In this case, the evaluation focus would examine whether a program's change strategy is sufficient given its operating context. Going back to the nursing example, an evaluation could examine the awareness and interest in the knowledge being developed among the larger set of nursing school faculty (that is beyond those faculty members participating in the program) and the extent to which they incorporate this new knowledge into their teaching and curricula.

Funders and implementers need early information regarding the sufficiency of the market for program graduates as well as the robustness of the value chain that exists for distributing their work and putting it to use.

Funders and implementers need early information regarding the sufficiency of the market for program graduates as well as the robustness of the value chain that exists for distributing their work and putting it to use. A good argument can be made for why this information is needed early, when program developers and funders make their initial strategy decisions. Importantly, this knowledge function is not necessarily the exclusive domain of evaluators.

Early evaluative activities should clarify the type of impact desired, where it would be evidenced, and surface information about the "current state," both for the purpose of benchmarking as well as to inform program design. Examples of this include:

- Assessing the market, i.e., the extent of demand both on the part of potential participants as well as among future employers
- Gauging the readiness of potential employers to absorb graduates, i.e., do they have the technology, structure, or work processes in place such that graduates can practice what they learned
- Exploring the strength of the value chain for the program alumni and the results of their work

As the program continues, evaluation might explore how the context is changing and intermediate indicators of whether the program strategy is sufficient or needs more investment and elaboration. For instance, is demand growing for employees with the skills developed through the program? On the input side, how has the nature of applicant demand changed and what does that imply? Are program institutions adapting in necessary ways? Have opportunities increased for program alumni and others in the field (e.g., publishing and presenting, new or expanded professional associations)?

The seeds for program impact are planted early in the articulation of program strategy and throughout its execution. The point we make is that evaluation and its tools and processes can make important contributions to program development–early and ongoing.

Section 4

Conclusion

This retrospective review of the Robert Wood Johnson Foundation's individual support programs has allowed the authors to surface lessons and insights about the strategic underpinnings of this type of grantmaking. Although this is not an evaluation of this work, through mining the Foundation's portfolio of 27 individual support programs, the authors could explore patterns and look for understanding about when and how to invest in the grantmaking practice of individual support in the future.

In this study the authors have considered: the nature of the problem and how it is framed; the ecosystems surrounding individual support programs and how they constrain or support strategic goals; and the types of assumptions underlying these programs.

What have the authors learned?

The most successful program by all accounts is *RWJF Clinical Scholars* in its first two decades. While often cited, there is generally little appreciation of the complex set of actors and actions that facilitated not just program success, in terms of individuals, but in the creation of a field of work: health services research. Investment in *RWJF Clinical Scholars* illustrates an extraordinary confluence of timing, demand, and supply where the investment in people translated into a social movement led by activist deans. In this environment, *RWJF Clinical Scholars* clearly was a successful "pull" product.

Individual support programs can be important parts of strategy, but rarely can they serve as stand-alone strategies themselves. Complex problems, undoubtedly, demand a requisite response.

This level of pull is rarely the case. Consequently, most individual support programs face many more barriers at all levels and in all parts of their ecosystems. Our principal conclusion from this work is that individual support programs can be important parts of strategy, but rarely can they serve as stand-alone strategies themselves. Complex problems, undoubtedly, demand a requisite response.

Although program success is often contingent upon factors that are outside of program control, foundations and program designers can anticipate and craft appropriate responses to allow individual support programs to be more "system ready" or "market ready."

What would this entail?

- **More direct analysis of problems:** Why does a problem persist and what are the dynamics that keep it in place? This assessment would allow funders to examine: who and what keep problems in stasis; whether an individual support program is capable of shifting the dynamics; and what that would require.
- **Ecosystem readiness:** How well is a program situated in terms of responding to ecosystem barriers? Is the program responding to explicit demand (a pull product), or does it need to develop a more expansive strategy to address breakdowns in program inputs (applicants, ready knowledge, faculty), demand, and distribution? For instance, are potential consumers even aware of the need for the program product? Are means, such as standards, in place for them to understand why the product is superior to others?
- **Strength of change assumptions:** Developing and guiding strategy requires commitment to the testing of core assumptions surrounding these programs. Several individual support programs build on the assumption that intrinsic rewards and efforts to improve the social experience will outweigh the extrinsic rewards of economic benefit. This is an empirical hypothesis that warrants testing as the program evolves.

With more understanding of these factors, investment decisions about individual support programs might be thought of as a set of contingencies presented in Section 3.

- If the problem is relatively simple in nature, and the institutional context is aligned, then the program's challenge is limited to managing its own performance, assuming there is market demand. If market demand is weak in the same context, then an individual support program will need complementary efforts to build or enhance the market for its products.
- If the problem is complex but the market is ready, the program will need to find ways to integrate and support market actors and interests.
- If a problem is complex, and the system is not ready, then the funder must consider other ways in addition to an individual support program to build market readiness or enabling policies.

On the surface, individual support programs may seem to be a relatively straight-forward grantmaking approach. Yet as the authors illustrate here, they operate in complex ecosystems and seek to deploy dynamic change strategies. Individual support funders and staff at individual support programs need to pay close attention not only to the implementation of the programs, but how they interact with these dynamics and develop an emergent strategy that responds accordingly.

Appendix 1

Research Methodology and Approach

This retrospective analysis is based on extensive document review, in depth interviews with key informants, as well as literature reviews to put these programs in context.

The authors' first task was to review an extensive set of documents for each of the 27 individual support programs. These included Foundation materials (such as the program funding précis, Program Results Reports, and calls for applications), external evaluations, and financial data. Also, the authors examined grantee documents such as proposals, narrative reports, grantee-generated data (tracking and surveys, where available), selection criteria, applications and websites, reports, and articles. (See *Section A* in this appendix for a list of materials reviewed.) Additional information from the Foundation–such as the *RWJF Anthologies*, president's messages, and other communications–helped them understand the context in which the programs took place.

The authors conducted in-depth interviews with national program office directors, program evaluators, and RWJF staff responsible for managing the programs and/or knowledgeable about them. (See *Section B* in this appendix for a list of interviewees.)

The key questions guiding document review and interviews were:

- How did the Foundation define the problem being addressed?
- Why did the Foundation choose to address the problem through an individual support program?
- What was the program design? What training, mentorship, funding, or other benefits did it offer to participants?
- What outputs were expected from the program? What did Foundation program staff members hope would emerge as a result of the program?
- How did the Foundation measure success? Was the focus on the individual scholar who received support, the institution, or the field? What was the evidence of success?
- How was the program connected to the field? How did it evolve over time to changes in the field and market? How did it assess the market for its participants and products?

- What assumptions underlie the theory of change? How was the individual support program expected to achieve a larger impact beyond the individuals supported? What were the assumptions about how the program would contribute to change? What were the levers for change?

Following this program-by-program analysis, the authors explored cross-cutting patterns and trends, such as:

- Variation in approaches to individual support programs and the match with different market and field contexts, target audiences, and the relationship to other Robert Wood Johnson Foundation grantmaking initiatives
- Different forms of individual support programs by issue area or profession
- Alignment between the way the Foundation defined the problem to be addressed, the goals of the program, the program design, and measures of program impact
- Drivers of decision-making, both internal and external to the Foundation
- How the Foundation used the individual support tactic in conjunction with other grantmaking approaches and the extent to which individual support programs were embedded within the Foundation's strategic initiatives

As a part of this work, the authors reviewed the literature on the history of scholarship programs in U.S. philanthropy, and on leadership and networking to put the efforts of the programs within this context.

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B. LIST OF INTERVIEWEES

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Catherine M. Dunham, Former National Program Director of *RWJF Community Health Leaders* (CHR)

Karen M. Dyer, National Program Co-Director of *Ladder to Leadership* (ELP)

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James R. Gavin III, National Program Director of *Harold Amos Medical Faculty Development Program* (MFD)

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Cynthia D. Mulrow, National Program Director of *Generalist Physician Faculty Scholars Program* (FSP)
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Judith Schector, National Program Director of Developing *Leadership in Reducing Substance Abuse* (SAL)
Stephen A. Somers, National Program Director of *Medicaid Leadership Institute* (MLI)
Gertrude J. Spilka, National Program Director of *New Connections: Increasing Diversity of RWJF Programming* (NCI)
Diane Tsukamaki, National Program Director of *Young Epidemiology Scholars Program* (YES)
Rheba de Tornyay, National Program Director of *Clinical Nurse Scholars Program* (CNS)
Robert O. Valdez, Executive Director of *Health Policy Partnerships in Diversity* (HPD)
Raymond P. White Jr., National Program Director of *Dental Services Research Scholars Program* (DRS)

Evaluators

David S. Blumenthal, President, The Commonwealth Fund; Evaluated *RWJF Health Policy Fellows* (HPF)
John F. Hoadley, Health Policy Analyst, Researcher, and Research Professor, Georgetown University's Health Policy Institute; Evaluated *RWJF Health Policy Fellows* (HPF)
Anthony R. Kovner, Professor of Public and Health Management, New York University's Wagner Graduate School of Public Service; Evaluated *State Health Leadership Initiative* (PHL)
John L. Palmer, University Professor and Senior Research Associate, Campbell Public Affairs Institute at the Maxwell School of Syracuse University; Evaluated *RWJF Scholars in Health Policy Research* (HPR), *RWJF Health & Society Scholars* (HSS), and *RWJF Clinical Scholars* (CSP)
Jonathan A. Showstack, Professor of Medicine and Health Policy, University of California, San Francisco; Evaluated *Generalist Physician Faculty Scholars Program* (FSP) and *RWJF Clinical Scholars* (CSP)

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Lori A. Melichar Gadkari, *Senior Program Officer*
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Linda W. Moore, *Senior Communications Officer*
Michael W. Painter, *Senior Program Officer*
Debra J. Pérez, *former Assistant Vice President, Research and Evaluation; currently Vice President Research, Evaluation and Learning at Annie E. Casey Foundation*
Pamela G. Russo, *Senior Program Officer*
Lewis G. Sandy, *former Executive Vice President; currently Senior Vice President of Clinical Advancement, UnitedHealthGroup*

Others

Tom Gilmore, *Vice President, Center for Applied Research*
Justin Piff, *Project Manager, OMG Center for Collaborative Learning*

Appendix 2

Individual Support Program Descriptions

Listed alphabetically. Funded amounts are accurate through mid-October 2014; additional funding will be provided to ongoing programs.

1. Clinical Nurse Scholars Program (CNS)

Funding Detail

Start and end dates: April 1982 through July 1991
Amount awarded: $12.05 million total
National program office: University of Washington, 1986–1991; Robert Wood Johnson Foundation, mid 1985–late 1985; University of Illinois at Chicago, College of Nursing, mid-1984–mid-1985; University of Minnesota, 1982–mid-1984

Program Summary

As nursing education moved away from hospitals and into colleges and universities, a problem emerged: nursing school graduates lacked practical clinical experience and were unprepared to handle the challenges of the hospital floor. As a result, some nurses, feeling unprepared, left hospital work and hospitals had to devote time to train new nurses in the basics of hospital care. The *Clinical Nurse Scholars Program* sought to address this issue by training postdoctoral nurse educators in the realities of clinical practice.

The program provided nurse faculty with a two-year experience to enhance their technical care skills in the hospital setting, and enlarge their understanding of hospital nursing, hospital organization, and management. Selected scholars received training at one of three academic health science centers: University of Pennsylvania; University of California, San Francisco; or University of Rochester.

Program Goals

The stated goal of the program was to reduce the costs borne by hospitals in training recent nursing school graduates. Following their participation in the program, Clinical Nurse Scholars were expected to return to their home academic institution and develop programs that would better prepare entry level nurses and the next generation of faculty.

Program Elements

Nine Scholars were selected annually (three at each site) for the two-year scholarship program, which consisted of patient care, clinical research, and exposure to issues in hospital management. The Scholars' home institutions granted them a leave of absence for two years without loss of academic rank or tenure and guaranteed a joint faculty-clinician position when they returned.

The three sites developed individual experiences for the Scholars, and provided them with mentors and preceptors from faculties in the school of nursing and medicine. Scholars undertook a clinical research project that examined nursing questions relevant to clinical work with a particular patient population.

In 1985, the program started convening Scholars at an annual meeting to disseminate second-year Scholars' research.

The program funded seven cohorts of Scholars, producing 62 graduates.

2. Dental Services Research Scholars Program (DRS)

Funding Detail

Start and end dates: August 1982 through August 1990
Amount awarded: $4.77 million total
National program office: University of North Carolina at Chapel Hill, School of Dentistry

Program Summary

Launched during a time of significant change in the delivery, structure, and technology of dental care, this program sought to develop a group of faculty with the research capabilities to examine changes in the financing, organization, and delivery of dental health services. The program provided two-year postdoctoral scholarships to junior faculty. Scholars attended one of two university health science centers (Harvard University or the University of California, Los Angeles) where they received methodological training, took courses in a specialized topic of interest, and conducted a research project.

Program Goals

The underlying strategy of the program was to establish the disciplines of health services research and policy studies (e.g., economics, finance, and epidemiology) as a part of dental scholarship. The program sought to strengthen the capacity of dental education and exert leadership in generating the research base and the expert talent needed to deal effectively with the structural changes in dental practice.

Program Elements

The *Dental Services Research Scholars Program* was open to dental staff and faculty of academic health sciences centers and their principal teaching hospitals. Applicants had to be nominated by their organization's vice president for health affairs, dean of the dental school, or director of the teaching hospital. The Scholar's institution was required to grant the Scholar a formal leave of absence for the program and ensure formal reappointment after they completed the program. The Scholars' current salary and benefits were provided through the program.

Each site provided Scholars with an individual experience that aligned with the Scholar's particular area of concentration and research interest. Each Scholar took a set of core courses designed to improve his or her investigative capabilities and analytical skills. Scholars also took courses in a concentration area of their choice (e.g., health services finance, organization, economics).

A core component of the program was a research project, which Scholars planned and conducted during the program. The expectation was that the Scholars would write a paper of publishable quality based on their project.

Each Scholar was paired with a preceptor who was a senior investigator at the program site. The preceptor was responsible for planning and supervising his or her Scholar's program of research and related academic studies and consulting on the research project.

The program held annual meetings where current and former Scholars presented their research findings and attended sessions on topical issues. Participants included the Scholars, their preceptors, program staff, members of the advisory committee, and Foundation staff.

While the program was operational, 30 Scholars completed their scholarships.

3. Developing Leadership in Reducing Substance Abuse (SAL)

Funding Detail

Start and end dates: May 1998 through February 2007
Amount awarded: $8.85 million total
National program office: Robert Wood Johnson Foundation, mid-2007–2009; Portland State University, School of Social Work, early 2002–2007; University of Medicine and Dentistry of New Jersey, School of Public Health, 1998–early 2002

Program Summary

The Foundation established this program as part of its work to reduce substance abuse. The program was based in the belief that talented people often did not consider a career in the substance abuse field because it carried a stigma in society, was financially unrewarding, and the problem of substance abuse seemed unsolvable. Yet, developing more talented leaders in the field of substance abuse was important and timely because the current leaders were older and would likely retire in the next few decades.

The program sought to inspire and enhance emerging talent and increase their commitment to the field and their ability to address key issues. The program awarded three-year fellowships that provided mentoring, project support, and educational/leadership development opportunities.

Program Goals

The goal of this program was to create diverse leaders in the substance abuse field who could assume leadership roles and use their creativity, passion, and commitment to address substance abuse problems. The expectation was that the program would enlarge the fellows' sphere of influence and stimulate them to take great leaps forward in their careers.

Program Elements

Each year, up to 10 fellows were selected to receive the three-year award. Fellows remained at their home institutions throughout the fellowship. Their institutions provided compensation and release time to allow the fellows to participate in various program activities.

The program's primary element was support for a research or community-based advocacy project, which fellows proposed in their application. These projects aimed to "enhance the field of substance abuse prevention, treatment, and policy and to develop [the fellows'] leadership capacities." Fellows received up to $25,000 per year ($75,000 total) to support their projects.

Each fellow also received guidance and direction from an experienced substance abuse leader who served as a mentor. A mentor was responsible for collaborating with his or her fellow in designing and implementing the project, providing personal and professional development experiences, introducing the fellow to other leaders, and recommending the fellow for task forces or workgroups. Fellows would propose mentors in their application or the national program office would facilitate a match.

National program office activities evolved during the course of the program. These activities included:

- Hosting a series of meetings for fellows and mentors, intended to deepen the fellows' experience and build a sense of being part of an elite group. They included a one-week orientation meeting; a two-day annual meeting where fellows presented their projects and discussed them with colleagues, mentors, and alumni; and a three-day networking seminar.
- Conducting site visits to fellows during their fellowship.
- Supporting individual and group leadership training and development.
- Coordinating a Core Resource Team that could provide additional support to fellows in ways that the mentors did not, and could help the fellows identify resources for learning.

In total, 40 people received fellowships through this program.
For more information, read the Program Results Report *online*.

4. Faculty Fellowships in Health Care Finance (FFF)

Funding Detail

Start and end dates: January 1984 through February 1994
Amount awarded: $4.73 million total
National program office: IHC Hospitals, Inc., mid-1992–1994; Center for Hospital Finance and Management at Johns Hopkins University, 1984–mid-1992

Program Summary

The Foundation created this program in the 1980s as part of its efforts to make health care more affordable. At the time, the ways in which health care was being paid for were undergoing significant changes, with the expansion of managed care and changes to how hospital costs were paid under Medicare. The Foundation believed that health care finance was an increasingly important sub-discipline, yet was concerned that universities were not fully preparing graduate students in this area.

The program was intended to fill existing gaps in faculty backgrounds by providing additional education in health care finance and related areas (e.g., economics, accounting, and research methods). The two-year fellowship provided Fellows with additional training, exposure to health care financing in a real-world setting, and research funding.

Program Goals

The program goals were to: 1) raise the amount and level of health care finance content in health care management and policy graduate programs; 2) increase the extent to which faculty in such programs conducted high-quality research related to health care finance; and 3) increase the prominence of health care finance in the Fellows' schools and professional communities.

Participating faculty were to gain a better understanding of the changes occurring in health care finance and develop the skills to both educate their students and conduct research on the changing payment policies. The expectation was that these fellows would go on to become prominent academically based leaders and educators in the field of health care finance.

Program Elements

The program consisted of three parts:

- A three-month educational program (which was later expanded to four months): All Fellows attended the same training program at Johns Hopkins University School of Hygiene and Public Health, Department of Health Policy and Management. The training introduced Fellows to the changes occurring in health care finance and the underlying scientific questions they involved. It sought to provide Fellows with the specific skills necessary to teach and conduct research in this area.
- A nine-month (later shortened to eight-months) placement experience in a large private or public health care financing organization: This component provided Fellows the opportunity to develop an understanding of new financing arrangements in a real-world setting.
- Partial support for a research project: During the Fellows' second year, they returned to their university positions and could receive up to $15,000 to conduct research on health care finance, thus allowing them a continued focus on the new approaches to health care finance.

The program also sought to facilitate networking among Fellows. The expectation was that Fellows would develop ties and working relationships with each other and visiting faculty during the training component. The national program office convened the Fellows for a spring research meeting, during which the first-year Fellows presented their research proposals and second-year Fellows provided updates on their research projects.

Roughly six Fellows were selected to receive this fellowship each year. Over the 10 years the program was in operation, 41 Fellows completed it and 36 of them received research grants.

5. Family Practice Faculty Fellowships Program (FPF)

Funding Detail

Start and end dates: January 1976 through June 1988
Amount awarded: $10.49 million total
National program office: Georgetown University

Program Summary

This program responded to concerns about the quality of the training for family physicians. Although family practice was becoming a more respected specialty, there was a lack of strong faculty to teach medical students.

This program sought to establish a stronger academic base for family medicine by training a small core of highly respected faculty members. The program provided junior faculty with two-year post-residency fellowships to receive additional training at one of five academic medical center sites: Case Western Reserve University, University of Iowa, University of Missouri at Columbia, University of Utah, and University of Washington. (The program was initially designed to be a one-year fellowship but beginning with the second cohort it was increased to a two-year fellowship.)

Program Goals

The overall goal of this program was to strengthen the teaching base in family practice. The program sought to accomplish this by supporting a cadre of strong faculty who would work in academic centers and train the next generation of faculty.

Program Elements

This program awarded two-year fellowships to junior faculty members. Fellows received training at one of five academic medical centers that included experiences needed to excel in academic medicine. Each site's program consisted of research, education, and clinical skills development, including time for patient care in hospitals and ambulatory settings. All Fellows gained skills and tools in three major areas: 1) epidemiology, statistics, and research methods; 2) clinical psychology, sociology, and anthropology; and 3) management and business techniques.

In the 12 years the program was in operation, 102 Fellows were trained.

6. General Pediatric Academic Development Program (GPP)

Funding Detail

Start and end dates: June 1978 through December 1988
Amount awarded: $11.81 million total
National program office: Cornell University, Joan and Sanford I. Weill Medical College

Program Summary

The *General Pediatric Academic Development Program* sought to prepare pediatric faculty members to conduct research on the more common childhood illnesses such as ear infections, which were not at the time covered in medical school curricula. The program provided two-year fellowships to pediatric faculty members to increase their knowledge, research skills, and clinical training. Fellows received training at one of six academic health center sites: Duke University, University of

Pennsylvania's Children's Hospital, University of Rochester, Johns Hopkins University, Stanford University, or Yale University.

Program Goals

The two goals of this program were to: 1) prepare academic pediatricians for a research career in general pediatrics and to produce research that would improve the health of children; and 2) increase the capacity of university departments of pediatrics to train future faculty, to conduct clinical research, and to develop models of patient care for the problems seen in the out-of-hospital practice of general pediatrics.

Program Elements

Each year, approximately 13 academic pediatricians were awarded a two-year fellowship at one of the program's sites. Selected fellows were required to have completed at least three years of pediatric residency (many had completed four years) or be chief residents before their fellowship.

Each site developed a training program that included formal research-oriented course work with instruction in epidemiology, statistics, research design, and behavioral science research methods. Fellows were expected to focus primarily on research, with at least one-half of their time devoted to a research project. Clinical responsibilities were limited usually to one or two half-days per week. Each fellow was supervised by the faculty at his or her training site.

The national program office coordinated an annual meeting that included both current fellows and alumni to provide learning opportunities and permit presentation and critiques of the fellows' research projects.

Some 100 fellows participated in the program.

7. Generalist Physician Faculty Scholars Program (FSP)

Funding Detail

Start and end dates: May 1992 through July 2008
Amount awarded: $49.15 million total
National program office: University of Texas Health Science Center at San Antonio, 2001–2008; University of Massachusetts Medical School, mid-1997–2000; Georgetown University School of Medicine, 1992–mid-1997

Program Summary

The *Generalist Physician Faculty Scholars Program* sought to attract more medical students to general medicine. At the time, there was concern that the United States had too few generalist physicians–family physicians, general internists, and general pediatricians–and too many specialists.

This program focused on increasing the prestige and credibility of generalist faculty members at medical schools. Recognizing that published research is the key to respect and seniority in academia, the program awarded four-year research grants to 15 junior faculty members a year. The Scholars worked on health services research projects under the guidance of mentors from their institutions as well as the program's national advisory committee.

Program Goals

By promoting the development of generalist faculty, the program's goal was to enhance the field of generalist medicine within and beyond the participating faculty members' medical schools.

Program Elements

The *Generalist Physician Faculty Scholars Program* sought to create a cadre of generalist physician faculty members who would influence curriculum, admissions, and scholarship—and serve as role models to other generalist physicians. The design centered on providing career development awards to junior faculty in family medicine, general medicine, and general pediatrics, enabling them to improve their research capacity while maintaining their teaching and clinical capacities.

Each year, deans of medical schools nominated one Scholar from their junior faculty in family medicine, general internal medicine, or general pediatrics. Nominated Scholars prepared a short research proposal to accompany the nomination.

The program selected approximately 15 Scholars each year to receive four-year career development awards. The sponsoring medical school received the grant to help cover Scholar's salary and research costs (from 1992 to 2000, the amount was $240,000, which increased to $300,000 in 2001). Each medical school agreed to protect 40 percent of the Scholar's time from clinical and teaching responsibilities. The medical school was also required to assign a mentor who was a senior researcher and whose work focused on issues similar to the Scholar's area of interest to guide the Scholar in conducting the research project. The national program office also:

- Provided Scholars with a mentor from the national advisory committee who served as a neutral adviser on the Scholar's career and helped the Scholar engage with a network of senior academic generalists, including other members of the committee
- Convened an annual Scholars meeting during which scholars presented their research and discussed their projects and their careers with their mentors
- Held communications workshops and provided other communications assistance to selected Scholars to help them obtain media coverage of their research
- Organized a management and leadership workshop for each class of Scholars

In total, the program awarded grants to 176 Scholars from 81 medical schools. For more information, read the Program Results Report *online*.

8. Harold Amos Medical Faculty Development Program (MFD)

Funding Detail

Start and end dates: February 1983–ongoing
Amount awarded: $117.60 million through mid-October 2014
National program office: Indiana University School of Medicine, July 2007-ongoing; Emory University School of Medicine, September 2005–September 2007; Morehouse School of Medicine, September 2001–September 2005; George Washington University Medical Center, September 1995–April 2002; University of Oklahoma Health Services Center, June 1993–September 1995; Harvard Medical School, January 1989–July 1994; Fox Chase Medical Center, August 1986–March 1989; Robert Wood Johnson Foundation, February 1983–August 1986

Program Summary

The Foundation created this program to address the underrepresentation of minority physicians in medical school faculty. In 2003, its mission was broadened to include "physicians from historically disadvantaged backgrounds," which is defined as disadvantage due to socioeconomic and educational factors as well as race and ethnicity. The program provides financial support and mentoring to young physicians (and since 2012, dentists as well) to give them a "leg up" as they pursue faculty positions at academic health centers.

In 2006, as part of a minority recruitment initiative, the American Society of Hematology (ASH) began partnering with the program. Each year ASH funds at least one additional slot, which is reserved for a hematologist from an historically disadvantaged background who is committed to research. (Note: The program cohort chosen in 2011 included two ASH fellows, but otherwise there has been one a year.)

Program Goals

The program seeks to increase the number of medical and dental faculty from disadvantaged backgrounds who achieve senior rank in academic medicine and dentistry and to foster the development of succeeding classes of such physicians and dentists.

Program Elements

Although this program has been in operation over 30 years, its two core elements have remained constant. First, each fellow receives financial support through a four-year, post-doctoral research grant designed to increase the fellow's attractiveness as a faculty hire. Fellows are expected to spend 70 percent of their time in research activities, limiting patient care, teaching, and other institutional duties to 30 percent.

Second, each fellow has a formal mentor, usually a senior faculty member at the fellow's institution, who provides lab support, oversees the fellow's research and technical research questions, acts as his or her advocate, protects the fellow's release time, and lays out avenues for upward mobility.

In addition, a national advisory committee of highly respected scientists plays an integral role in the scientific and educational oversight of the program. Each advisory committee member is responsible for advising one or more fellows and monitoring their grant-supported research.

The national program office supports networking among the fellows. Each year they run a two-day meeting for both current and past fellows where they present their research and network.

The number of fellows awarded has ranged over the years from eight to 14. As of 2014, up to nine fellows are selected to receive awards each year. The program originally focused only on physicians involved in basic biomedical research. In 1991, this was expanded to include physicians involved in basic, clinical, and health services research. In 2006, a partnership between the Society of Hematology and the program was established, allowing an award to be made each year in the field of hematology. The program expanded once again in 2012 to include dentists.

In 2003, eligibility for the program expanded from minority groups underrepresented in medicine to physicians from a "historically disadvantaged background," including anyone facing challenges because of their race, ethnicity, socioeconomic status, or other similar factors.

To be eligible for the program, individuals must plan to conduct their research at a U.S. medical or dental school, come from a historically disadvantaged background, and be completing or have completed their formal clinical training. They must exhibit a commitment to pursuing an academic career, serving as a role model for students from historically disadvantaged backgrounds, and improving the health status of the underserved.

As of October 2013, 259 fellows have completed the program.

For more information, read the Program Results Report *online*.

9. Health Policy Partnerships in Diversity (HPD)

Funding Detail

Start and end dates: November 2006 through June 2018
Amount awarded: $23.93 million through mid-October 2014; includes $8 million in endowment support
National program office: University of New Mexico

Program Summary

As part of its efforts to increase diversity in the health and health care workforce, the Foundation created the Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico, which serves a high proportion of minority students, particularly Latinos and Native Americans. The program provides doctoral support to students in economics, political science, sociology, psychology, and other social science departments at the University of New Mexico along with course work in health policy. Funding also supports the center's activities to create a transdisciplinary environment for the scholars and their efforts to inform health policy debates.

Program Goals

The program's goals are to 1) increase the diversity of those with formal training in the fields of economics, political science, sociology, and other social sciences who engage in health services and health policy research; and 2) become nationally recognized for health policy research that will support work to inform health policy debates.

Program Elements

Established in the president's office, the center integrates the expertise of the University of New Mexico's medical school, its public health department, and the departments of economics, political science, sociology, and others. The Foundation provides funding for the center and its activities to support the education and development of the doctoral fellows, as well as to increase the profile of health-related research in the social sciences at the university and build a national reputation as a center of excellence for health policy research. Key activities include:

- Doctoral fellows program in health policy: Fellows participate in an ongoing curriculum of health policy training beyond their disciplinary education, including weekly health policy seminars, leadership training, and summer courses in research methods and health policy topics. Doctoral fellows undertake at least 15–20 hours per week of research with an assigned research mentor in the fall and spring semesters and up to 30 hours per week in the summer semester. They receive ongoing mentoring by visiting fellows and other faculty, as well as academic and research support (such as training in research design, data collection, statistical analysis, dissertation and writing tutoring/assistance, and money for travel).

- Support the expansion of the economics, sociology, and political science curricula with an emphasis on health policy: The center has established a visiting scholars program, a post-doctoral training program, and a national advisory board to create a visible and vibrant community of scholars from which the doctoral fellows seek guidance and mentoring. At the start of the program, the center hired five assistant professors to assist with mentoring. These faculty members were mostly from under-represented groups and those who remain at the university are on their way to becoming leaders (two of the initial hires are no longer at the university). The center also helped to hire additional faculty members for departments in the College of Arts and Sciences who teach part-time at the center.
- Provide opportunities for university faculty to apply their expertise to health-related research and policy analysis: The center offers both interdisciplinary team seed grants to help faculty pursue external funding opportunities and short-term individual research project support to enhance tenure prospects for junior minority faculty. The center also provides faculty with opportunities to disseminate their research in policy-relevant areas through development of policy briefs, a writing group for junior faculty, and travel support for presentations of research findings at professional meetings.
- Develop partnerships and relationships, particularly with policymakers: These relationships expand the network of connections with scholars and policymakers engaged in health research and health policy analysis. They provide opportunities for affiliated faculty and doctoral fellows to practice health policy analysis and engage in the policymaking process.

10. Innovators Combating Substance Abuse (ISA)

Funding Detail

Start and end dates: May 1998 through January 2008
Amount awarded: $10.38 million total
National program office: Johns Hopkins University School of Medicine, early 2002–2008; University of Medicine and Dentistry of New Jersey, School of Public Health, 1998–early 2002

Program Summary

The Foundation established this program to elevate the national awareness and understanding of the problem of substance abuse (including alcohol, tobacco, and illicit drugs), and innovations in addressing substance use and abuse. Substance abuse causes more deaths, illnesses, and disabilities than any other preventable health condition. Many of the fields' leaders were focused on teaching, conducting research, writing, and delivering on grants, but didn't have time to engage in creative thinking to find the next big innovation to advance prevention and treatment.

The program recognized leaders who had already made significant contributions to the field and provided them with financial resources to continue and enhance their work and expand their leadership.

Program Goals

By establishing this program, the Foundation hoped to foster and recognize innovation by supporting leaders and their innovative projects. It also sought to increase the prestige of the substance-abuse field and raise public awareness of substance abuse problems and solutions.

Program Elements

Each year, the program asked field experts to nominate people who had made a significant contribution to the field. The national program office staff narrowed this list to 25 individuals who were then asked to submit supplementary documentation, including a proposal for a project that would be supported by the award. National advisory committee members, national program office staff, and Foundation staff selected five Innovators per year to bring a new level of awareness and understanding to the field.

Each Innovator received a three-year financial award of up to $300,000 (up to $100,000 per year). Funds covered release time so that award recipients could pursue research, writing, policy advocacy, and other work, as well as attend networking conferences and other events. The national program office worked with each Innovator to develop their individual projects and assist with dissemination efforts to promote the Innovators work (akin to the MacArthur Fellows Program—also called the MacArthur genius awards).

National program office efforts also included:

- Networking Innovators through annual meetings. (Until 2002, these meetings also included the fellows from the *Developing Leadership in Reducing Substance Abuse* program, which was managed by the same national program office.)
- Promoting Innovators and their work, which involved helping Innovators secure press coverage, publishing a quarterly newsletter, creating a website, and collaborating with the Innovators to produce a book entitled *Addiction Treatment: Science and Policy for the Twenty-First Century*.
- Organizing lectures and symposia on addiction, treatment, prevention, and policy issues.

From 2000 to 2003, 20 Innovators received this award.
For more information, read the Program Results Report *online*.

11. Ladder to Leadership: Developing the Next Generation of Community Health Leaders (ELP)

Funding detail

Start and end dates: August 2007 through August 2012
Amount received: $3.64 million total
National program office: Center for Creative Leadership

Program Summary

In response to a study that predicted a dearth of nonprofit leaders when the baby-boomer generation retires, Foundation staff created this program to prepare staff in community-based health organizations to assume senior leadership positions. The program provided leadership training to early-to-mid-career professionals working with vulnerable populations in eight targeted regions and communities across the United States. Although the program was not renewed,

much of the focus and curriculum has laid the ground work for much of the Foundation's later work in boundary-spanning leadership. (Note: The Boundary-Spanning Leadership Program was funded in May 2012 to support and develop the leadership competencies and coaching skills of RWJF grantees. The program includes support for grantees across the fields and sectors that the Foundation funds. It runs to May 2015.)

Program Goals

The program aimed to build a pipeline of future leaders for health-related nonprofit organizations and communities by bolstering leadership capacity, promoting collaboration, and encouraging innovation. It sought to have an impact on three different levels: 1) to improve participants' individual leadership skills and ability to collaborate across boundaries; 2) to develop stronger networks among individuals and organizations in each community; and 3) ultimately to create stronger communities and services for vulnerable populations in the targeted areas.

Program Elements

The Foundation developed a place-based program built on national program office research that identified individuals within the target communities. After compiling a list of 23 potential community sites, program staff interviewed executives at community foundations and local health organizations and other stakeholders to determine their interest, readiness, and support for the program. Eight sites were selected based on the readiness of a community foundation to collaborate, minority and immigrant populations and poverty rates in the community, and an existing Foundation connection or funding in the area.

The eight sites and the dates of the program's engagement were:

- Central and Western New York (Jefferson, Onondaga, Cayuga, Oneida, Oswego, Courtland, and Tompkins counties): September 2008–December 2009
- Cleveland, Ohio: March 2009–June 2010
- Birmingham, Ala.: June 2009–September 2010
- Albuquerque, N.M.: September 2009–December 2010
- Eastern North Carolina (Edgecombe, Halifax, Nash, Northampton, Warren, Wayne, and Wilson counties): November 2009–April 2011
- Portland, Ore.: March 2010–June 2011
- Newark, N.J.: September 2010–December 2011
- Kansas City, Mo. and Kansas City, Kan.: September 2010–December 2011

The national program office worked with the community foundation in each area to recruit up to 30 leaders from the area. To qualify, participants had to work for a community-based health-related nonprofit or government agency and also have one to five years of supervisory experience; a record of accomplishment in the nonprofit sector; proven commitment to improving health outcomes of vulnerable populations; and potential for assuming leadership, as evidenced by experience, accomplishments, membership on external boards, and references. They also needed to have strong support from their supervisors and board members.

The national program office implemented a 16-month training program for each site's cohort. The training included:

- Three separate, multiday training sessions on collaboration, conflict resolution, decision-making, and other leadership skills
- "360-degree assessments," which allowed leaders to identify their strengths and weaknesses through feedback from supervisors, peers, and employees reporting directly to them
- One-on-one coaching and mentoring
- A team "action-learning project" that focused on a health-related challenge in the leaders' own communities. The goal was to enable the leaders to practice their leadership skills and develop new ideas for addressing health-related challenges while collaborating with other leaders in their regions or communities.

Over its five years of operation, 212 leaders completed the program. Local cohorts ranged in size from a low of 19 leaders in a rural site to a high of 31 in an urban site. Selected participants came from a variety of backgrounds, including government, philanthropy, health, minority organizations, and academia.

For more information, read the Program Results Report *online*.

12. Medicaid Leadership Institute (MLI)

Funding Detail

Start and end dates: February 2009 through mid-February 2015
Amount awarded: $6.50 million through mid-October 2014
National program office: Center for Health Care Strategies

Program Summary

RWJF created the *Medicaid Leadership Institute* as part of its efforts to expand health care coverage in the United States. The program focuses on improving the leadership and capacity of state Medicaid directors. These directors face a daunting task, given the size of Medicaid, its complexity and cost, yet they have few training opportunities to help them navigate the program's political, fiscal, and operational challenges.

This program provides Medicaid directors with the opportunity to participate in a one-year leadership development program designed to cultivate the skills they need to improve their state Medicaid programs.

Program Goals

The *Medicaid Leadership Institute* enhances the leadership capacity of Medicaid directors so that they can better manage and improve their programs.

Program Elements

Fellows participate in a 12-month program to increase their substantive knowledge, strategic thinking, problem solving, technical, and leadership skills. The fellowship includes:

- Four 3-day training sessions focused on three areas: 1) economics and policy; 2) technical and operational issues; and 3) leadership and communication. The Center for Health Care Strategies teams up with faculty from Princeton University and the University of California,

San Francisco, as well as other academic and non-academic experts to deliver the curriculum. The training sessions evolve over time in response to feedback from participants as well as evolving circumstances and events, most notably the 2010 passage of the Affordable Care Act. Originally these sessions were to be only for the Medicaid directors, but from time to time, they have included senior managers from each Medicaid agency.

- Each fellow works on a leadership project that they develop to bring innovations and improvements to their individual Medicaid programs. The national program office provides technical assistance to the fellows in achieving their project goals.
- One-on-one, individually tailored leadership coaching is coordinated by the University of California, San Francisco. Leadership coaches and Medicaid directors meet at the first training session and work together after that by phone and email. Coaches assist with building leadership capacity and relationships with staff, dealing with stakeholder groups, interacting with the governors and legislative committees, improving communication skills, managing conflicts, and setting short- and long-term program priorities.

In addition, the national program office, in collaboration with the National Association of Medicaid Directors, offers Medicaid Boot Camp. A one-day program originally targeted for new Medicaid directors, Medicaid Boot Camp is now open to all state Medicaid directors and their senior staff.

The program funds up to eight directors each year.

As of November 2013, 24 fellows have completed the program, and six more currently are enrolled.

For more information on the institute, read the Program Results Report *online*.

13. New Connections: Increasing Diversity of RWJF Programming (NCI)

Funding Detail

Start and end dates: November 2005–ongoing
Amount awarded: $14.33 million through mid-October 2014
National program office: OMG Center for Collaborative Learning, 2009–ongoing; Robert Wood Johnson Foundation, 2005–2009

Program Summary

The Foundation created this program based on the belief that high-quality research and evaluation that address the nation's health and health care problems demand diverse perspectives. Yet talented individuals from underrepresented communities can often be overlooked for funding. This program provides early and mid-career researchers with research funding as well as career development, mentoring activities, and networking opportunities.

Program Goals

This program seeks to advance the careers of researchers from historically underrepresented and disadvantaged groups as well as to help Foundation staff make connections with these researchers to expand their network of researchers that represent historically underrepresented communities.

Program Elements

The program provides researchers who come from a historically disadvantaged or under-represented group with research funds to address research questions and program evaluation needs both of Foundation staff and of some of its research programs. It targets two types of researchers:

- Junior investigators are individuals from an academic institution or research organization who have completed their doctorates within the last 10 years (in 2011, the requirement changed from seven years post-doctorate). These researchers receive grants of up to $100,000 (the amount increased from $75,000 in 2012), which includes funding for a consultant and methodological training. The investigators address research questions posed by one of the Foundation's program areas or programs and are expected to commit a quarter to three-quarters of their time to the project during a 24-month grant period.
- Midcareer consultants have 10 to 15 years of experience in research and evaluation. They receive up to $100,000 (the amount increased from $75,000 in 2012) in research support for projects that span an array of Foundation staff's interest, including evaluation, syntheses, and qualitative work. The grant period for consultants is 12 months.

The researchers receive ongoing support from the national program office as they complete their projects including:

- An annual research and coaching clinic, typically held in conjunction with the American Public Health Association annual meeting, which offers a variety of sessions designed to increase the visibility and enhance the skillsets of *New Connections* recipients and potential applicants
- An annual symposium, held at the Foundation's headquarters in Princeton, N.J., with both research-based sessions and training workshops addressing a range of topics including research and methodological issues, as well as career development issues.
- Webinars and online chats held throughout the year on research topics and career development issues
- Publication support funding of up to $5,000
- The New Connections Network–which includes more 1,300 current researchers, alumni, non-selected applicants, as well as other researchers from underrepresented groups who are not receiving grant funding from the program–is a key component of *New Connections* programming. The network serves as a way to connect people interested in the program and the Foundation and to share resources. Enhanced network services were introduced in 2013 where network members who are not *New Connections* grantees also receive access to methodological training, writing support, and leadership development opportunities.

The program currently supports up to 10 mid-career and junior researchers each year from academia or other research organizations. This was reduced from previous years, where at one point funds were available to support up to 18 researchers each year.

As of November 2013, 98 junior investigators and 16 midcareer consultants have received awards. (Some also received grants from two RWJF programs focused on childhood obesity: *Active Living Research* and *Healthy Eating Research*.)

For more information, read the Progress Report *online*.

14. Nurse Faculty Fellowship Program (NFF)

Funding Detail

Start and end dates: November 1975 through mid-July 1982
Amount awarded: $5.46 million total
National program office: Vanderbilt University School of Nursing

Program Summary

This program was created in the mid-1970s when nurses were taking on more primary care responsibilities, yet nurse primary care training programs were largely outside of nursing education—mainly short-term courses taught by physicians for existing registered nurses. This was due in part to the lack of faculty members in nursing schools who had the clinical skills and the academic credentials to train nurses in clinical primary care.

The *Nurse Faculty Fellowship Program* provided additional training to academic nurse faculty members so that they could teach clinical primary care in nursing schools and help establish a master's degree program at their academic institution. One-year fellowships were awarded to nurse faculty who were then trained at one of four university medical centers: University of Colorado, University of Rochester, Indiana University, or University of Maryland.

Program Goals

The program's goals were to increase the number of nursing school faculty who were qualified to teach clinical primary care and provide the leadership to make primary care training a major field of study in nursing education.

Program Elements

The national program office invited baccalaureate degree-granting nursing schools at academic health sciences centers that were affiliated with a medical school to nominate up to three faculty members each year. Nominated faculty were required to have doctoral-level responsibilities in teaching, course and curricular design, and research; two to three years of direct patient care experience and an equivalent amount of teaching experience; and be committed to pursuing academic careers in primary care teaching and research.

From this pool approximately 20 Fellows each year were awarded one-year fellowships to attend training at one of the four program sites. Each site developed a program that trained Fellows in: 1) the fundamental concepts and skills of clinical nursing practice in primary care; 2) the ability to work jointly with physicians in the team delivery of primary care; 3) research methodologies for studying clinical problems of primary care; and 4) clinical teaching skills, including the ability to plan, construct, and evaluate courses and curricula in primary care for nurses. Fellows had the opportunity to tailor the fellowship by spending part of the training time visiting educational and service institutions outside of their main training site.

Each year, the national program office organized a seminar where the Fellows would share their experiences, present their research, and discuss the implications for the future of academic nursing.

During its years of operation, 99 Fellows completed the program.

15. Public Health Informatics Fellows Training Program (PHF)

Funding Detail

Start and end dates: March 2005 through June 2010
Amount awarded: $3.31 million total
National program office: National Library of Medicine*

Program Summary

The need for public health agencies and departments to develop more sophisticated information capabilities led to the emergence of public health informatics: the systematic application of information, computer science, and technology to public health practice, research, and learning. Yet, in 2004 there were few individuals trained in public health informatics and even fewer faculty members to train future practitioners.

The *Public Health Informatics Fellows Training Program* sought to address this issue by strengthening the leadership and academic capacity in public health informatics. The Foundation's grant built on an existing National Library of Medicine program, the University Medical Informatics Research Training Program. Foundation funding expanded this program to four additional university sites that would focus specifically on public health informatics. The program supported each site's development of a formal public health informatics track and provided fellowships to pre-doctoral, doctoral, and postdoctoral trainees.

Program Goals

The goals for this project were to: 1) increase the capacity for training in public health informatics (i.e., faculty and curriculum development), and 2) increase the trained workforce that could pursue research and development in public health informatics. The program's longer-term goal was to create a "nucleated training domain" similar to clinical informatics or bioinformatics. The Foundation funded this program with the expectation that it would be a one-time effort that would contribute to creating a sustainable pipeline of leaders in public health informatics.

Program Elements

The program supported four sites to strengthen their public health informatics program: Columbia University, Johns Hopkins University, University of Utah, and University of Washington. Between 2004 and 2006, the Centers for Disease Control and Prevention also provided all four sites with additional funding to carry out this work as part of the CDC Centers of Excellence in Public Health Informatics. Each site received approximately $200,000 to be used over four years. Site eligibility for this program was limited to the 18 informatics training sites funded by the National Library of Medicine.

*Although not considered a formal national program office by the Foundation, the Foundation for the National Institutes of Health oversaw the program.

Each of the four sites appointed or recruited a faculty member to head the training effort who:

- Coordinated curriculum development within their schools
- Formed collaborations with one another, with schools of public health, and with state and local public health departments
- Increased the visibility of public health informatics both within their university and externally

Each university created formal training tracks for public health informatics. The curriculum varied by site, and each university developed its own specialty area of focus.

Each site awarded three to six fellowships to pre- and postdoctoral trainees. The duration of the fellowships varied, but most were approximately two years in length. The Fellows completed a practicum of on-site experience and interaction with state or local health departments.

The program sponsored cohort workshops and events each year to promote peer-to-peer learning and allow Fellows to learn more about a specific topic. The Foundation also supported annual meetings for the public health informatics site faculty and Fellows to network and present papers on the research they were conducting. Faculty and Fellows from other universities participating in the National Library of Medicine Informatics Training Program could attend those meetings as well.

Over the five years of the program, 17 Fellows (2 pre-doctoral, 11 doctoral, and 4 postdoctoral) completed the Public Health Informatics Training Program at the four universities.

For more information, read the Program Results Report *online*.

16. Robert Wood Johnson Foundation Center for Health Policy at Meharry (CFHP)

Funding Detail

Start and end dates: February 2009 through June 2018
Amount awarded: $16.66 million through mid-October 2014; includes $9 million in endowment support
National program office: Meharry Medical College School of Medicine

Program Summary

As part of its efforts to increase diversity in the health and health care workforce, the Foundation created this center to increase the number of minority health policy researchers. The Foundation established the Center for Health Policy at Meharry Medical College, an historically black college, in the hopes of attracting Meharry's minority students to study health policy research.

The center, in partnership with Vanderbilt University, provides doctoral training programs in economics, sociology, and political science with a concentration in health policy. The center also offers a certificate program in health policy for Meharry students.

Program Goals

The program's goals are to develop the Center for Health Policy's infrastructure and resources for rigorous social science and policy research that will allow the center to increase the number of PhD graduates in the disciplines of economics, sociology, and political science with a

concentration in health policy. The expectation is that these graduates will be grounded in public health and health services research and prepared to be leaders in guiding the direction of national health policy.

Program Elements

The Center for Health Policy is a joint partnership between Vanderbilt University and Meharry Medical College. Under the leadership of an executive director, the center integrates the expertise and leadership of Meharry's School of Medicine, School of Dentistry, and School of Graduate Studies and Research with Vanderbilt's sociology, economics, and political science departments. The center's core activities include:

- **Health Policy Doctoral Fellows Program:** The Center for Health Policy recruits and retains PhD students in sociology, political science, and economics interested in pursuing careers in health policy research. Fellows are formally admitted to Vanderbilt University, but considered Center for Health Policy "Fellows." They earn a doctorate degree from Vanderbilt University while participating in additional health policy related coursework, seminars, and research activities at Meharry Medical College. Fellows receive up to five years support to complete their studies.
- **Health Policy Scholars Program:** The program is open to Meharry students and residents in the schools of medicine, dentistry, and graduate studies and research with a research interests in health policy. Scholars participate in coursework, seminars, and research activities that lead to the completion of a certificate in health policy, awarded in conjunction with the Scholar's declared academic program degree.
- **Health Policy Professional Development Program:** This program is designed to support the Center for Health Policy's mission of producing expertly trained and highly skilled leaders and researchers committed to participating in health policy education, research, and reform specific to improving the health and health care of minority and underserved communities. The program seeks to provide a variety of training and development opportunities for affiliated faculty, fellows, and scholars. These opportunities range from qualitative research training to academic writing workshops.
- **Pilot Project Mini-Grant Program:** This program provides funding to Meharry and Vanderbilt University faculty for pilot projects relative to health policy that will contribute to the improvement of minority health and/or the elimination of health disparities. Funding is awarded in the amount of $20,000 for new investigators and $40,000 for previously awarded Pilot Project Mini-Grant recipients to continue their research. The intent of this 18-month funding is to intensify investigator-initiated research, to attract new investigators to the field, and to encourage trans-disciplinary research that will advance health policy and social science research.
- **Health Policy Associates Program:** This program is designed to provide faculty of Meharry Medical College, Vanderbilt University, and other area universities/colleges with a distinct affiliation with, and role in, the Center for Health Policy in order to encourage and enhance purpose, training, collegiality, commitment to, and support of, health policy and social science research.

- **Scholars-in-Residence Visiting Professor Program:** This program supports one or two senior health policy and social science experts each year to serve as visiting professors to mentor, educate, and train Health Policy Fellows and Health Policy Scholars, as well as faculty members at Meharry Medical College and Vanderbilt University, in health policy, analysis, and research.
- **Summer Institute on Health Policy:** Over the course of two to four weeks, the institute offers intensive health policy courses that cover subjects ranging from health disparities to health economics, taught by nationally recognized health policy scholars.

The national program office also facilitates the development of other networking and mentoring opportunities to allow fellows and faculty to learn from and interact with each other, as well as with industry leaders. Seminars, workshops, conferences, publications, and joint research opportunities support inter- and intra-university dialogue, research, mentorship, and collaboration.

The Center for Health Policy provides additional supports to the fellows and certificate scholars, including an externship program to provide them with experience working in a policy environment, as well as professional training and development opportunities to enhance their professional and technical skills.

As of 2013, the program had 11 fellows and 53 certificate scholars.

17. Robert Wood Johnson Foundation Clinical Scholars (CSP)

Funding Detail

Start and end dates: November 1972 through December 2017
Amount awarded: $237.24 million through mid-October 2014
National program office: University of North Carolina Chapel Hill School of Medicine, 2007–2017; Stanford University School of Medicine, 2003–2007; University of Arkansas for Medical Science, 1996–2002; Robert Wood Johnson Foundation, 1972–1996.

Program Summary

RWJF Clinical Scholars is the Foundation's oldest national program, funded during the Foundation's first year in operation. It evolved from a three-year pilot program that started in 1969 and was funded by the Carnegie Corporation and The Commonwealth Fund. In 1972, the Robert Wood Johnson Foundation took over and expanded the program. The program was created to help establish the emerging discipline of health services research and strengthen health policy research. The importance of physician researchers with expertise in population and the social sciences grew over the course of the program. Clinical Scholars receive two years of post-residency training at one of four medical school sites. As part of the fellowship they complete a graduate research degree, undertake research projects, and participate in leadership training, mentoring, and networking opportunities.

Since 1978, the U.S. Department of Veterans Affairs (VA) has collaborated in the program, providing substantial financial and in-kind research support.

Program Goals

When the program was started in the early 1970s, its aim was to develop health services research as a serious discipline. The *RWJF Clinical Scholars* program also sought to produce physicians who could undertake leadership positions within medical schools to train the next generation and strengthen this emerging discipline.

As the field of health services research became more established, the goal of the program broadened. The current goal of the program is "to integrate Scholars' clinical expertise with training in program development and research methods to help them find solutions for the challenges posed by the U.S. health care system and the health of U.S. communities" (2012 call for proposals). By providing intensive education, mentoring, and introduction to a broad and deep network of individuals and institutions, the expectation is that Scholars can make new contributions to health policy, health services research, or lead important institutions in new directions.

Program Elements

Over its 40 plus years of operation, the program's core structure has evolved from a more unstructured graduate school type of experience that permitted relatively free unfettered work following an intense four-month core curriculum to a longer and more intense educational experience with panels of mentors, a master's degree, and clear expectations about publications or other accomplishments. Over the years, 11 different universities have been training sites; these universities varied in their emphasis and format although with the onset of the latest authorization (April 2013), and more sharing and communication by the program training sites with each other, the experiences have become more alike.

As of fall 2014, selected Clinical Scholars participate in a two-year[29] fellowship at one of the program's four medical school sites. Between 1973 and 1975 the program had five sites. Between 1975 and 1978, there were 11 sites. Between 1979 and 1993, this number was reduced to six. In 2003, the number of sites increased to seven. In 2005, the number of sites was reduced to the current four. Since 2002, the program's four sites have been: the University of California, Los Angeles, David Geffen School of Medicine; the University of Michigan Medical School; the Perelman School of Medicine at the University of Pennsylvania: and Yale School of Medicine at Yale University.

Although the site programs vary in design and emphasis, each institution has a core structure that introduces Scholars to the methods used in health services research, and offers formal coursework, individual mentorship, and guidance in research project development. Scholars are expected to complete graduate-level research projects in an area of their interest. To date, Scholars have conducted studies in a range of topics, including health care delivery and financing, clinical decision-making, biomedical ethics, medical history, and health care policy. As of 2005, the program has required each site to include training in community-based participatory research (CBPR) as one of the core areas of training. CBPR is research that is conducted as an equal partnership between traditionally trained research experts and members of a community who participate in all aspects of the research; and is executed as an iterative process.

Scholars at each of the four program sites also can participate in a policy elective. Scholars can spend one to three months with fellow physicians and policy-makers intent on improving health policy–in an office in the U.S. Department of Health and Human Services, in a local or state public health department, or at another organization with a health policy focus.

Up to 80 percent of a Scholar's time is protected for scholarly work; the remaining 20 percent should be spent on clinical activities.

The national program office oversees a national mentoring component, which began in 2001, where each Scholar is assigned a specialty-matched mentor from the national advisory committee. The mentors advise Scholars on career development as well as other relevant issues. The advisory committee mentors meet with the Scholars in person at the program's annual meetings, and are available throughout the year as needed. In 2005, second-year Scholars began participating in a centralized leadership training program, which provides them with skills for career success and greater insight into their own leadership style.

The national program office sponsors an annual national meeting during which Scholars hear outside speakers and alumni Scholars, engage in informal sessions around common interests, and interact with Scholars and directors from other training sites, as well as with national advisory committee members, alumni, and Foundation staff. The annual meeting also offers a platform for second-year Scholars to present their research in a plenary or poster session.

The number of Scholars each year has varied over the years from a high of 128 to a low of 10. As of August 2012, the program had produced 1,221 Clinical Scholars.[30]

For more information, read the Program Results Report *online*.

18. Robert Wood Johnson Foundation Community Health Leaders (CHR)

Funding detail

Start and end dates: August 1991 through December 2014
Amount awarded: $41 million through mid-October 2014
National program office: The Harris Foundation, 2009–2014; Robert Wood Johnson Foundation, mid-2007–2009; Third Sector New England, 1991–mid-2007

Program Summary

Conceived partly as a way to recognize "unsung heroes" who have played a critical role in improving their communities, this program sought to enhance the recognition of its selected leaders and the importance of community leadership. The Foundation created this program to address the lack of recognition community leaders were receiving, the limited resources available to them to continue and/or expand the impact of their work, and the high risk that these leaders would experience burn-out.

By acknowledging these selected leaders and their work, the Foundation sought to increase their credibility and capacity to leverage and expand their influence and community support. RWJF also viewed this as an opportunity to forge ties with leaders who work at "ground level" to better understand the issues they face in their communities and the innovative strategies they use to address them.

Program Goals

The program had three main goals: 1) increase the visibility and recognition of the selected leaders and their work; 2) enhance and enrich leadership skills among the selected leaders; and 3) increase opportunities for the leaders to establish new relationships and expand their influence to improve health outcomes in communities.

Program Elements

The *RWJF Community Health Leaders* program sought to identify individuals associated with community-based health organizations who had overcome obstacles to improve health and health care in their communities, but had not received appropriate recognition. Each year, the Foundation held an open nomination process where health care consumers, community leaders, health and other professionals, government officials, and others would nominate leaders. The program sought nominations for individuals who:

- Contributed significantly toward improving the health of underserved communities by increasing the quality of and access to health services
- Had a record of accomplishment associated with the community health issue for which he or she was nominated
- Were involved with the initiative for which he or she was nominated for no less than three years and no more than 10 years
- Were considered to be mid-career (and therefore would be able to apply what they learned by participating in the program as they continued working on community-health issues)

The program had two main components: 1) an individual award that was to be used for personal development (the amount of this award has varied from $10,000 to $20,000); and 2) a project award to support and advance the work at the selected leader's organization (this amount varied from $105,000 to $125,000).

During the early years of the program, selected leaders had considerable flexibility in how they allocated the funds to support their project work. As the program evolved, however, the national program office staff played a more active role in working with each selected leader to develop a work plan for the project award that could be completed within the two-year time period. They also helped identify specific areas where tailored technical assistance would be helpful (e.g., communication training, learning how to network, proposal writing, evaluation assistance, and policy collaborations).

The program placed more emphasis in its later years on networking leaders and thereby drawing on their expertise to assist each other. Staff developed annual retreats for current and past leaders and convened topic-specific workshops to promote collaboration and peer-learning. In 2006, as a way to enhance the reach of the program, participants were invited to bring a colleague to the annual meeting, who they would then mentor for the next year.

The national program office sought to give participants and their projects greater national visibility through national and local press releases about award winners, the program website, public radio advertisements, and social media, and by developing unique opportunities for Community Health Leaders through partnerships with national organizations. They also connected selected leaders to other leadership opportunities by increasing their involvement on boards and grant review committees, and promoting them as presenters and spokespeople.

Each year, the Foundation gave awards to 10 Community Health Leaders. Foundation and program office staff and national advisory committee members reviewed nominations and conducted site visits to learn more about the nominees and their work in their communities before selecting recipients. In 2006 after Hurricane Katrina, an additional cohort of five leaders was awarded under a special Gulf Coast Leaders solicitation.

As of August 2013, 208 individuals had received the award, representing diverse backgrounds and organizations (e.g., doctors, nurses, clergy, street medicine providers, nonprofit leaders, community organizers).

For more information, read the Program Results Report *online*.

19. Robert Wood Johnson Foundation Executive Nurse Fellows (ENL)

Funding Detail

Start and end dates: May 1997 through March 2018
Amount awarded: $39.88 million through mid-October 2014
National program office: Center for Creative Leadership, 2010–2018; Center for the Health Professions at the University of California, San Francisco, 1997–2010

Program Summary

The *RWJF Executive Nurse Fellows* program seeks to help the nursing profession exert more effective leadership in all fields of health and health care. Traditionally nurses have achieved leadership positions by mastering a core of basic management skills focused on finance and budgeting, personnel management, evaluation, and strategic planning. Typically, these skills were obtained through practical experience supplemented with additional training, usually at the master's level. Although this approach was adequate in the past, labor experts consulted believed that nurses needed a new set of tools if they were to exert leadership in the future. Yet, a lack of leadership development programs available to nurses, particularly to those outside of hospital administrative settings, made this challenging.

The *RWJF Executive Nurse Fellows* program seeks to fill this gap by providing a three-year advanced leadership program for nurses who aspire to lead and shape health care locally and nationally. Fellows strengthen their leadership capacity and improve their abilities to lead teams and organizations in improving health and health care.

Program Goals

The specific goal of this program is to create a cadre of nursing leaders who, with enhanced leadership capacity, drive improvements in population health; the access, cost, and quality of American health care systems; and the education and professional formation of future health professionals.

Program Elements

Each year the national advisory committee selects a cohort of nurses in senior executive positions to participate in the three-year fellowships. Major components of the fellowship include:

- An advanced curriculum, employing best practices from the field of leadership development, delivered through face-to-face program sessions and technology-facilitated intersession activities
- Executive coaching and mentoring from program faculty and outside experts
- Team-based action learning and implementation of team projects
- A self-directed, individual leadership development activities project

Using the latest thinking in adult learning principles and design methodology, the program focuses on leadership development, is highly interactive and experiential, seeks to be relevant and applicable to each Fellow's organizational context, and includes opportunities to discuss and apply learning to broader health care contexts.

Before programming begins, Fellows' strengths and weaknesses as leaders are assessed against the Center for Creative Leadership's model of leadership to develop individually tailored learning plans. The leadership model focuses on 20 leadership competencies housed under four broad domains: leading self, leading others, leading organizations, and leading health care. This assessment, along with facilitation of learning by an executive coach matched to each Fellow, helps guide the Fellow in focusing on his or her areas for leadership development and their applications to key leadership challenges the fellow faces in her or his current leadership roles.

Three times a year, three- to five-day group seminars are hosted by the national program office. In all but one session (which includes only third-year Fellows), two cohorts of Fellows convene—both to progress within their own curricula and to spend one day collaborating with external consultants on creative problem-solving strategies related to a specific challenge they face in exerting leadership in health and health care.

When the program admitted its first cohort in 1998, Fellows chose a mentor from outside of the health care field to provide advice on leadership projects, as well to help broaden their perspective beyond the field of nursing. Based on feedback from the Fellows, the mentorship feature changed in 2011 (with the onset of the Center for Creative Leadership's curriculum) to an executive coaching model and the addition of an action-learning project. National program office faculty and external consultants also provide mentoring and coaching across all aspects of the program. In addition, national program office staff provides support for an alumni association created by the 2001 cohort through which Fellows can stay connected after the program.

During years one and two, Fellows work in teams with an action-learning coach to design and implement an action-learning project that has impact on some aspect of health or health care. In year three, Fellows pursue an individual leadership project that might arise from the action-learning team work, or from a key leadership challenge facing the Fellow's institution or professional organization.

The program seeks candidates who have:

- A strong professional record that reflects positions of increasing leadership responsibility and the potential to achieve higher levels of leadership effectiveness
- Vision, passion, and capability to make a substantial impact on health and health care
- Insight, courage, and evidence of a commitment to lifelong growth and development
- Capacity and willingness to learn in collaboration with other RWJF Executive Nurse Fellows through action, reflection, feedback, and support
- Commitment (from the employing organization and individual) for the Fellow's continuing employment and active engagement in three consecutive years of structured learning, self-study, and project activity

The program started by funding 15 Fellows a year; this expanded in 2000 to 20 a year. No cohort was admitted in 2010 during the period of transition between national program offices. As of 2013, 221 Fellows have graduated from the program. Newsletters are published on the program website every quarter to communicate accomplishments, appointments, and awards received by Fellows, national program office staff, and alumni.

For more information, read the Program Results Report *online*.

20. Robert Wood Johnson Foundation Health Policy Fellows (HPF)

Funding Detail

Start and end dates: December 1972–ongoing
Amount awarded: $38.91 million through mid-October 2014
National program office: Institute of Medicine of the National Academies

Program Summary

RWJF Health Policy Fellows is the second-oldest program in the individual support program portfolio as well as the second longest-running program of the Foundation. Each year, the program brings to Washington six mid-career health professionals and behavioral and social scientists from community and academic settings to take part in and better understand the health policy process at the federal level.

Program Goals

As originally envisioned by Foundation staff in the early 1970s, the program selected Fellows who were all based in academic health centers–with the goal of increasing awareness of health policy issues within academic health centers and of increasing the centers' participation in health policy research and formulation. Foundation staff also expected that some of the Fellows might be tapped later in their careers to serve in senior governmental positions, and that this experience would help them be more effective in these positions.

Over time the program goal shifted away from this emphasis on academic health centers. The current aim of the program is that it will accelerate the Fellows' careers as leaders in health policy and that they will use the skills developed to improve health, health care, and health policy at the national, state, or local levels.

Program Elements

The *RWJF Health Policy Fellows* program begins with an intensive two- to three-month orientation. This process involves small group sessions with key officials, staff from the different branches of the federal government, and a wide variety of influential health policy experts and interest groups. Health policy leaders from organizations and agencies responsible for health activities meet with the Fellows either at the Institute of Medicine or in their own Washington-area offices. The Health Policy Fellows also join the Congressional Fellows of the American Political Science Association in their orientation process, which consists primarily of a series of lectures by, and meetings with, senior government officials, members of Congress, journalists, and academic experts on the political and governmental process at the federal level.

The Fellows then work for the next nine months in full-time placements in congressional offices or in the executive branch. In their work assignments, Fellows help develop legislative proposals, arrange hearings, hold briefings, and participate in all conferences. In recent years,

Fellows are given the option to extend their fellowship by an additional four months to finish the legislative session.

The national program office provides additional services and supports, including seminars, trainings, and formal presentations related to health policy issues. Starting in the late 1990s, the national program office began organizing state site visits to introduce Fellows to the role states play in health policy issues and reform. Leadership coaching with experts from a range of disciplines was added in the early 2000s along with media training. The national program office also convenes the network of fellowship alumni, hosting annual meetings in Washington.

As Foundation staff designed the program in 1972, academic health centers nominated one of their physicians to participate in the program and, if selected, sponsored the Fellow during the year-long fellowship. Foundation staff expected that Fellows would take their experience and new skills back to their respective academic health organizations where they would increase their organizations involvement in health policy research and formulation.

As the focus on academic health centers lessened, the program expanded fellowship eligibility. First, in the 1980s, to institutions without medical schools; in the early 1990s, eligibility was expanded again to include all health care professionals, not just physicians; in 2001, the program began recruiting more applicants with behavioral science and social science backgrounds in response to the Foundation's increasing emphasis on behavioral health issues. As of 2009, Fellows are not required to return to their home institutions or to have a sponsoring institution.

Between 1972 and 2008, six to eight fellowships were awarded each year. In 2009, the number of fellowships rose to 10 each year. Due to funding constraints in the following years, the program has supported six fellowships each year.

As of December 2013, 252 Fellows from more than 121 academic health centers, community clinics, and other health care and public health organizations have participated in the *RWJF Health Policy Fellows* program.

For more information, read the Program Results Report *online*.

21. Robert Wood Johnson Foundation Health & Society Scholars (HSS)

Funding Details

Start and End Dates: February 2001 through February 2017
Amount awarded: $104.18 million through mid-October 2014
National program office: New York Academy of Medicine, 2007–2017; Robert Wood Johnson Foundation, 2001–2007

Program Summary

The Foundation developed *RWJF Health & Society Scholars* as a component of its strategy to promote a population health approach to the nation's health policy. The goal is to directly support a leadership cadre of young Scholars committed to an interdisciplinary approach to research on the multiple determinants of population health, including the social determinants of health, in order to build the field of population health. The program provides recent doctoral graduates and junior faculty unique opportunities for multidisciplinary training, mentoring, and leadership development at one of six university sites[31] with faculty who are leaders in fields related to population health and health disparities. Beyond support for the Scholars, each site receives

funding to support collaborative interdisciplinary population health-related research and to build interest and engagement in population health across their universities.

Program Goals

The program's goal is to produce leaders who can help build the nation's capacity for research and action to improve population health and eliminate health disparities. A strong emphasis is placed on rigorous research with translation to policies and practices that can reduce disparities in health. The program also aims to increase the engagement of faculty and students in the goal of improving population health and to strengthen the capacity of the participating university sites to serve as models for bridging the barriers to interdisciplinary scholarship and collaboration.

Program Elements

Selected Scholars complete an intensive two-year fellowship at one of six universities sites: Columbia University, Harvard University, University of California San Francisco/Berkeley, University of Michigan, University of Pennsylvania, and University of Wisconsin. Sites were selected based on their strength in specific disciplines, their commitment to interdisciplinary collaboration, the breadth and depth of their research opportunities, and the presence of faculty leaders in population health.

Each site offers the following common program elements, although they have the flexibility to implement these elements in different ways:

- **A Common Structured Curriculum:** All sites address population health and research methods in the curriculum, usually through weekly or biweekly seminars. Most sites offer workshops or seminars in which Scholars present their work-in-progress for feedback from faculty and other Scholars. Some sites also offer other seminars, courses, and workshops, or allow Scholars to take other university courses, seminars, and workshops.
- **Scholar-Directed Research:** Scholars conduct individual and collaborative research to investigate the connections among biological, behavioral, environmental, economic, and social determinants of health, as well as develop, evaluate, and disseminate knowledge and intervention strategies based on these determinants. In recent years, there has been increased emphasis on framing research and disseminating results in ways that can shape popular opinion and understanding–as well as influence policy and program decisions.
- **Mentoring:** Most Scholars have one to three mentors–one from the Scholar's "home" discipline, a site program director, and possibly one other person (e.g., a career and a research mentor). Senior faculty members who serve as site program directors also provide guidance on the substance of scholarship (guiding research, collaborating, and connecting Scholars with other faculty members), as well as career development (competing for grants, and ways of thriving as interdisciplinary Scholars when they return to regular academic life).
- **Focused Training in Leadership and Professional Development:** Attention to this element has grown as the program has progressed. In addition to the mentorship discussed, most sites have developed leadership training; opportunities to lead cross-cutting projects; and events and speaker series that bring leading researchers and policymakers in population health to the university and offer special opportunities for "Scholars only" sessions.

The national program office also provides current Scholars and past alumni with networking opportunities within each university as well as across program sites through:

- Interdisciplinary collaboration opportunities with other Scholars at their university sites, including in some cases Foundation-supported scholars such as Clinical Scholars (University of Michigan and University of Pennsylvania) and Health Policy Research Scholars (Harvard University, University of California San Francisco/Berkeley, and University of Michigan)
- Annual meetings for Scholars, site directors, faculty, national advisory committee members, and national program office and Foundation staff, where Scholars present their work and get professional feedback as well as develop research partnerships
- Scholars-only meetings where Scholars from the same cohort join together to collaborate on research projects and to discuss topics relevant to their research; the Scholars determine the meeting content
- Program website and social networking opportunities provided by the national program office, including its daily e-news feed of press coverage, publications, database with contact information for all Scholars, and highly active LinkedIn and Twitter social media to strengthen the community and attract people from outside the program
- Access to the Foundation's Alumni Network, an online community for RWJF Human Capital grantees, scholars, and alumni to connect with each other and Foundation staff to share ideas, news, events, and resources

The program also provides each university site with a research and training budget to strengthen its population health research and teaching capacity. The sites all use some of these funds to sponsor competitive research grants on interdisciplinary approaches to population health issues that are open to program Scholars as well as students and faculty at the university. Sites also have created opportunities for Scholars and faculty from different disciplines to collaborate on research projects through formal or informal interdisciplinary working groups, which have leveraged preliminary results to attract National Institutes of Health program grants.

In its first eight years, the program supported 18 Scholars a year; three at each of the six sites. In 2011, the number of Scholars in the program was reduced to 12 annually. As of September 2013, 157 Scholars had completed the program, with 24 Scholars enrolled as of the fall of 2014. Over the first 10 years of the program, Scholars came from more than 40 disciplines–in the social sciences, public health sciences, urban planning, law, ethics, molecular biology, and genetics, among others.

For more information, read the Program Results Report *online*.

22. Robert Wood Johnson Foundation Investigator Awards in Health Policy Research (IHP)

Funding Detail

Start and end dates: November 1991 through December 2017
Amount awarded: $61.11 million through mid-October 2014
National program office: Boston University School of Management, 2012–2017; Institute of Health, Health Care Policy, and Aging Research at Rutgers University, 2000–2012; Association for Health Services Research (now called AcademyHealth), 1992–2000

Program Summary

This program is based on the belief that innovative health policy research often goes unfunded due to a highly discipline-focused academic climate and a lack of funding opportunities for cross-cutting, "big-picture" research. The Foundation created *Investigator Awards in Health Policy Research* to address this gap. The program supports cross-cutting, innovative research projects that often take a multidisciplinary perspective, can enhance the understanding of important problems affecting American health and health care, and can contribute to the intellectual foundation of future health policy.

Program Goals

Through the Investigators' research, the program aims to explore pressing problems and potential solutions for improving health and health care, and to produce sophisticated analysis and insights that can have a lasting impact on health policy and the nation's health care system. The funded research projects are expected to influence and frame public and policy debates and the work of others in the field due to their importance, quality, and timeliness.

Program Elements

The program funds policy-relevant projects that:

- Explore underlying values, historical evolution, and interplay among the social, economic, and political forces that shape health, health care, and health policy in the United States
- Apply new perspectives from a variety of disciplines to analyze the organization, delivery, and financing of health care services, workforce issues, and public health challenges
- Develop innovative ideas that hold promise for contributing to better policymaking
- Synthesize existing work in ways that expose its policy significance and advance the understanding of key issues

Grants are made to Investigators' institutions and have ranged in size up to $335,000 and in length from two to four years, with some receiving no-cost extensions. Grant funds are used primarily for salary support for each Investigator.

The program seeks Investigators in fields such as anthropology, business, demography, economics, engineering, ethics, genetics, health and social policy, history, journalism, law, medicine, nursing, political science, public health, psychology, science policy, social work, and sociology. While most Investigators come from academia, individuals working in nonacademic settings–such as research firms and policy organizations–may also apply, provided that they have an affiliation with an academic institution. Applicants may be in any stage of their career, ranging from promising new researchers to eminent scholars.

In addition to receiving the grant awards, Investigators attend annual meetings and other networking opportunities hosted by the national program office, including meetings of other individual support programs, such as *RWJF Scholars in Health Policy Research*, and receive communication and dissemination support. At times, the national program office has also convened "cluster groups" to bring together Investigators doing similar types of work and to promote interdisciplinary exchange and research. In some cases, cluster groups received small seed funds to allow work on product-oriented joint projects, such as books or special issues of scholarly journals.

When the program began, approximately 10 to 12 projects were funded each year. Due to economic constraints and financial cutbacks across the Human Capital portfolio in 2008, the number of funded projects has decreased to eight every other year.

As of December 2012, 175 projects involving 224 Investigators have been funded.

For more information, read the Program Results Report *online*.

23. Robert Wood Johnson Foundation Nurse Faculty Scholars (NFS)

Funding Detail

Start and end dates: August 2007 through February 2018
Amount awarded: $36.40 million through mid-October 2014
National program office: Johns Hopkins University School of Nursing

Program Summary

This program seeks to increase the stature and academic standing of nursing faculty and draw more nurses to teaching careers. The Foundation established this program to address a nursing shortage due to a dearth of nursing faculty available to teach incoming students. This shortage of faculty exists in part because of the low prestige and remuneration of an academic nursing career, as well as the fact that nurse faculty tend to get their doctorates later in life leaving less time to teach before retirement.

This program helps junior nurse faculty advance more quickly in their academic careers by providing them with three years of salary and research support along with mentoring and leadership training.

Program Goals

The goal of the *RWJF Nurse Faculty Scholars* program is to develop the next generation of national leaders in academic nursing through career development awards for outstanding junior nursing faculty. The program aims to have its Scholars improve the health and health care of the nation, as well as to strengthen the academic productivity and overall excellence of nursing schools by providing mentorship, leadership training, and salary and research support to young faculty to produce Scholars who influence their peers, their nursing school, and their university at large.

Program Elements

The program provides Nurse Faculty Scholars–who remain at their home institution–with grants of up to $350,000 to use over three years. The grant funds are used to provide Scholars with 60 percent protected time for research activities; any remaining grant funds can be used to support research-related expenses, training workshops, and travel to professional meetings.

Scholars also receive mentoring and leadership development training. Each Scholar is paired with three mentors: a senior leader in the nursing school, a senior researcher at their university with the same research interests as the Scholar, and a nationally recognized nurse leader outside of their university who also works in the same general area in which the Scholar is interested. The Scholar and his or her school select the senior leader and the senior researcher mentors, while the national program office staff selects the nationally recognized nurse leader.

This program focuses its leadership training and development efforts on research, scholarship, management, policy, teaching, and university/community relations. Scholars participate in activities (e.g., workshops, an Outward Bound leadership training, communication training) and develop–with the help of their mentor–individual professional development plans designed to enhance their leadership skills.

Some 15 Scholars were selected in each of the first two three-year cohorts. As a result of the economic downturn, the cohort size was reduced to 12 Scholars in 2009. A heavy emphasis is placed on racial, ethnic, and gender diversity in selecting Scholars in hopes that it will help to increase the diversity of the nursing field at large, as well as increase recognition of Scholars' and alumni's work.

As of summer 2014, 78 Scholars have participated in the program.

For more information, read the Program Results Report *online*.

24. Robert Wood Johnson Foundation Physician Faculty Scholars (PFS)

Funding Detail

Start and end dates: February 2006 through December 2012
Amount awarded: $20.68 million total
National program office: Stanford University School of Medicine

Program Summary

The Foundation established this program after a survey of the *RWJF Clinical Scholars* revealed a significant decrease in their academic advancement and Scholar dissatisfaction with their career advancement. As the national program director described it, "Scholars felt very well trained and supported in their two years of fellowship. When they got into the real world and became faculty members in medical school, the kind of research they had been trained to do–largely health services research and community participatory research and prevention research–were not widely appreciated or supported in the medical schools at the time. A number of them were having difficulty getting financial as well as moral support for that kind of research." The program provided young physician scientists with release time and funding to conduct independent research in order to help them navigate this period.

Program Goals

The program sought to enhance the career development of junior faculty engaged in health services research, community-based participatory research, and prevention research.

Program Elements

The program sought junior medical school faculty who exhibited a commitment to a career in academic medicine and who were in line for a position that could lead to tenure. Scholars came from a wide array of disciplines, including internal medicine, neurology, surgery, pediatrics, family medicine, emergency medicine, and radiation oncology. Scholars were nominated by their medical schools, which could only nominate one Scholar each year.

Scholars received a three-year financial award of up to $300,000, which covered 50 percent of their time for research as well as other related research and training expenses. The program also provided Scholars with mentoring and practical skills to navigate research and academic

careers. Scholars were paired with two mentors: a national advisory committee member and a faculty member from their home institution. Mentors helped Scholars with their research projects and advised them on career development. The home institution mentor was assigned to the nominated Scholar by his or her home institution.

Each year the national program office held an annual meeting, which was attended by both the Scholars and their mentors to promote cross-disciplinary networking among Scholars.

The program funded up to 15 Scholars each year until the final cohort in 2009, when Veteran Affairs (VA) funded five additional Scholars. At the program's conclusion, 65 individuals had completed the program.

For more information, read the Program Results Report *online*.

25. Robert Wood Johnson Foundation Scholars in Health Policy Research (HPR)

Funding Detail

Dates of operation: November 1991 through December 2017
Amount awarded: $90.72 million through mid-October 2014
National program office: Boston University School of Management

Program Summary

This program attracts recent graduates of doctoral programs in economics, political science, and sociology and provides them with further education and training in multidisciplinary, health policy research. It was founded on the conviction of Foundation staff that a more interdisciplinary approach toward health policy research was needed given the complexity of America's health and health care problems. However, researchers had been hindered in pursuing interdisciplinary health policy topics due to the limited availability of federal grant funds for broad health policy research, a lack of training opportunities, and an academic reward structure that guides researchers toward discipline-specific work and peers.

The program offers recent graduates of doctoral programs in the three disciplines fellowships to study and conduct research at one of three university sites. Scholars work closely with faculty from the social sciences–as well as from medicine, public health, and public policy–on multidisciplinary learning and collaborative research.

Program Goals

The program seeks to produce the next generation of multidisciplinary health policy researchers. Foundation and program staff expect that by participating in the program, Scholars will:

- Gain the commitment and capacity to inform and influence U.S. health policy discussions through their research, publications, and active involvement as Scholars in the policymaking process
- Bring a new perspective to current issues and problems facing health policymakers today through their understanding of and appreciation for social science disciplines other than their own, and their continued research in their respective disciplines
- Infuse their own disciplines with policy research questions related to health and health care

Program Elements

Recent graduates of doctoral programs in economics, political science, or sociology receive stipends to study and conduct research for two years at one of the three university sites. Originally, the participating universities were: University of California San Francisco/Berkeley, the University of Michigan, and Yale University; in 2000, Harvard University replaced Yale.

Specific activities vary by institution, but generally each site:

- Educates Scholars about health, health care, the organization and financing of the health care delivery system, and the health policymaking process. Scholars attend program developed seminars and workshops on health policy and health-related topics.
- Exposes Scholars to the perspectives and methods of other social science disciplines, in addition to medicine and public health. The program director notes that one of the "hallmarks of the program is for an economist to learn the language of political scientists and sociologists–that is, the conceptual frameworks, how problems are defined, and the methodologies used. An economist should really understand how a political scientist or sociologist would approach a problem."
- Offer Scholars the opportunity to develop a health policy research agenda and to conduct relevant research and analysis under the guidance of and in collaboration with faculty mentors. Faculty members serve as mentors and work with Scholars on their research and provide a range of advice, including career counseling, feedback on Scholars' work, and publishing opportunities in major health policy journals.

The program places a cohort of Scholars at each university site. From 1991 to 2009, the program supported 12 Scholars annually, four at each site. In 2010, this number was reduced to nine individuals, three per university. The program aims to have a cohort at each site in which each discipline (i.e., economics, political science, and sociology) is represented in order to promote cross-disciplinary learning.

The national program office fosters alumni engagement through regional meetings, receptions at professional association meetings, and other network activities. The program hosts an annual meeting, at which Scholars present their research and network with each other as well as with others, including RWJF staff, national program office staff, university faculty, alumni, and scholars/fellows of other RWJF individual support programs, such as the *RWJF Investigators in Health Policy Research.*

The national program office also produces a working paper series to disseminate draft research papers and works-in-progress produced by Scholars and their faculty mentors within the Scholars program community. As of October 2014, 53 working papers had been issued.

The program is open to new or recent recipients (within five years) of doctoral degrees in economics, political science, or sociology. The program seeks researchers who are highly talented, have not been extensively exposed to health or health policy, possess the ability to appreciate the views and perspectives of people from other disciplines, and have strong interpersonal skills.

As of July 2013, 209 Scholars had completed the program.

For more information, read the Program Results Report *online*.

26. State Health Leadership Initiative (PHL)

Funding Detail

Start and end dates: August 1998 through March 2016
Amount awarded: $16.01 million through March 2016[32]
National program office: Association of State and Territorial Health Officials (ASTHO), 2007–2016; National Governors Association 1992–2007*

Program Summary

This program provides training and support to state and territorial health officials, a position that requires leaders to work within and understand the political climate of his or her particular state, manage programs that are often controversial in nature, and respond rapidly to changing and emergency situations. The program offers newly appointed officials the opportunity to participate in a range of training, mentoring, and networking events that are specifically tailored to their positions.

Program Goals

The program aims to help the officials understand public health challenges in the context of broader policy, economic, and political issues, and accelerate the development of their leadership capacity so they can:

- Be more responsive to managerial and policy challenges
- Increase the effectiveness of their agency programs and personnel
- Advocate for a sound public health agenda within governors' cabinets

Program Elements

The program offers newly appointed officials a number of training, mentoring, and other opportunities. Officials can choose to participate in one or all of the following programs:

- **Networking and Public Policy Training:** This one-and-half day meeting features state and national experts on media, management, budget, and legislative issues. The meeting provides officials with opportunities to network and share their successes and challenges in working with governors, legislators, the media, local public health, and other key partners.
- **Leadership Retreat:** Conducted by faculty at the Harvard Kennedy School of Government, this five-day retreat focuses on managerial approaches, program implementation strategies, private–public partnerships, and pressing health policy issues. The retreat also includes a personalized skill-building assessment and feedback service to assist officials in identifying their specific needs for improving leadership competency.
- **Mentoring:** The mentoring program pairs an experienced or former official with a new official based on common interests to discuss the challenges of the position and provide guidance based on experience. The formal program lasts one year and includes regular phone communications, as well as a mentor site visit to the new health official's agency.

*The Association of State and Territorial Health Officials (ASTHO) administers the program in partnership with the John F. Kennedy School of Government at Harvard University and the National Governors Association.

- **Learning Networks and Policy Academies:** These meetings, organized by the National Governors Association, are designed to convene state health decision-makers to discuss opportunities that enhance the health status and the quality of patient care throughout the disease continuum. Meeting participants include officials, the governor's health policy adviser, and one or more cabinet officials from education, environmental, emergency response, agriculture, or other critical state agencies. The meetings help officials develop and leverage partnerships within their jurisdictions and ensures that public health meaningfully contributes to broad-based health policy.
- **Customized Technical Assistance:** Up to $5,000 per official is provided for a project or training to improve their own leadership, management, or improve the functioning of their agency. In addition, a limited number of $10,000 strategic planning grants are available to officials each year for additional strategic planning consultation services.
- **Winter Member Meeting:** This annual meeting convenes only state and territorial health officials for strategic and open discussions on timely issues. All health officials are invited. Dedicated networking time is also incorporated into the meeting program.
- **Strategic Planning:** ASTHO offers all officials a strategic planning consultation service specifically designed for state and territorial health agencies. Strategic planning helps health officials establish a personal and professional support system that contributes to success by developing a cohesive team centered on achieving strategic priorities. A limited number of $10,000 strategic planning grants are available to defray the costs of the consultation.

As of March 2014, 215 current and former officials have participated in the program. For more information, read the Program Results Report *online*.

27. Young Epidemiology Scholars Program (YES)

Funding Detail

Start and end dates: June 2006 through December 2015
Amount awarded: $16.84 million total
National program office: College Entrance Examination Board

Program Summary

The Foundation established the *Young Epidemiology Scholars Program* to increase awareness among high-school students about epidemiology and the larger field of public health. The program was based on the assumption that a lack of awareness of epidemiology and public health as a possible profession kept many talented students from pursuing it as a career. To increase awareness among high-school students about epidemiology and attract them to this field, the Foundation developed a prize competition. The program awarded scholarships to high-school juniors and seniors and developed online epidemiology teaching units to encourage integration of epidemiology themes into secondary school curricula.

Program Goals

The primary goal of the program was to inspire and attract some of the best and the brightest high-school students to a career in epidemiology. The hope was that these students would ultimately become the "next generation of public health leaders." The program set prizes on the level of the Siemens Westinghouse and Intel prize competitions.

Program Elements

Each year through 2011, the program held a national competition open to high-school juniors and seniors. Students submitted an application that included a written report on an epidemiology project they conducted. The program awarded 120 scholarships each year, ranging from $1,000 to $50,000: 60 semifinalists received $1,000; 48 regional finalists each received $2,000; and 12 national finalists received scholarships ranging from $15,000 to $50,000.

In addition to their scholarships, the top 60 regional finalists were invited to Washington to present their research and respond to questions from panelists. The panelists and speakers were among the top luminaries in epidemiology, public health, and high-school teaching, and their presence as role models was an important ingredient to inspiring students about possible careers. The 12 national finalists were invited to visit the Centers for Disease Control and Prevention (CDC) where the top two finalists presented their research to an audience of CDC staff. The top two winners were also invited to attend and receive awards at the American Public Health Association annual meeting, sponsored by the Epidemiology Section.

In addition to the prize competition, the program developed epidemiology teaching units designed for use in secondary school classrooms. These units introduced high-school students to the issues and basic principles of epidemiological research and were designed to complement instruction in science, health, mathematics, and social studies. These units sought to expose a wider number of students to population health as well as to provide professional education to teachers so that they felt equipped to teach epidemiology.

Over the eight years the program gave out prizes, 976 individuals received a scholarship through the program. The program tracks the alumni's progress, and a substantial percent have pursued an undergraduate public health or global health major or minor, and gone on to graduate education in public health or medicine with a public health degree. Many students have published their *Young Epidemiology Scholars Program* research in peer-reviewed journals.

For more information on the program, read the *RWJF Anthology* chapter *online*.

Endnotes

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[27] Robert Wood Johnson Foundation. *Précis,* 1983. Note that the program initially was open only to physicians and members of minority groups that were underrepresented in medicine. It expanded its criteria in 2003 to include physicians from disadvantaged backgrounds and in 2012 to include dentists.

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[30] In 1978, the U.S. Department of Veteran Affairs (VA) joined the Foundation and helped support Clinical Scholars who are included in the total count. The VA provides stipends for nearly half the Scholars and in-kind research and clinical resources for every Scholar through the local VA affiliates.

[31] Due to economic constraints across the Human Capital portfolio, the number of sites is being reduced. Two sites will be closing in the fall of 2014 after their current cohort of Scholars complete the program.

[32] Although the authorization for this program has closed, RWJF has continued to support the work through two grants, running until March 31, 2016. The funding total includes these two grants.